

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90091 011 ***138.75

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1. Entity Name
PHYSICIANS SURGERY CENTER REALTY, LLC

Principal Place of Business
6981 LAKE DEVONWOOD DR.
FT MYERS, FL 33908

Mailing Address
6981 LAKE DEVONWOOD DR.
FT MYERS, FL 33908

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
65-1126822

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KAGAN, JOHN C
6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
KAGAN, JOHN C
6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ISAACSON, WAYNE
12898 KEDDLESTON CIRCLE
FORT MYERS, FL 33912 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John C. Kagan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/27/08

Date

239-936-6778

Daytime Phone #