## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M00000000273

1. Entity Name

THE TAMARAC ENDOSCOPY ASC, LLC

Principal Place of Business

20 BURTON HILLS BLVD. NASHVILLE, TN 37215 Mailing Address

20 BURTON HILLS BLVD. NASHVILLE, TN 37215 FILED May 04, 2004 08:00 AM Secretary of State



04232004 No Chg-LLC

CR2E083 (10/03)

615-665-1283

4. FEI Number		Applied For	
62-1810682		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	

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6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

the obligations of registered agent.			
SIGNATURE	Signature, typed or printed name of registered agent and bile if appricable	(NOTE Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMSURG HOLDINGS, INC. 20 BURTON HILLS BLVD. NASHVILLE, TN 37215		000000155384 05/05/04-80035-013 <b>50.0</b> 0
TITCE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DIGESTIVE DISEASE ENDOSCOPY CENTER, INC. 7421 N. UNIVERSITY DR., SUITE 307 TAMARAC, FL 33321		
TITLE NAME STREET ADDRESS CHY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_	IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			
ITTLE NAME STREET ADDRESS CITY-ST-ZIP			
Indicated	certify that the information supplied with this filing does not quid on this report is true and accurate and that my signature shall be company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee empowered to execute the company or the receiver or trustee.	I have the same legal effect as if made under oat	h; that I am a managing member or manager of the

Claire M. Gulmi.

Amsurg Holdings Inc

SIGNATURE AND TYPED OR PRINTED MARIE OF STOWING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE