


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # M0000000273

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
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04182006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1810682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMSURG HOLDINGS, INC. 20 BURTON HILLS BLVD. NASHVILLE, TN 37215
TITLE 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 CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/20/06-80032-007 50.00

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: Clara S. J. 4/24/06 615-665-1283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #