


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 May 02, 2008 08:00 AM
 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

DO NOT WRITE IN THIS SPACE



03242008 No Chg-LLC CR2E083 (12/07)

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

NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE, SUITE 4
 WESTON, FL 33331

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

M0000000273
 05/29/08 80052-006 138.75

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

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

DO NOT WRITE IN THIS SPACE

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: *[Signature]* Date: 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #