


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000000077 1. Entity Name THE SURGERY CENTER OF CORAL GABLES, LLC	
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Principal Place of Business 20 BURTON HILLS BLVD. NASHVILLE, TN 37215	Mailing Address 20 BURTON HILLS BLVD. NASHVILLE, TN 37215
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04222005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1827649	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

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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, 2005

1100001358868
 05/04/05-80131-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMSURG HOLDINGS, INC. 20 BURTON HILLS BLVD. 5TH FLR. NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABLES SURGICAL GROUP 1097 LEJEUNE RD. 3RD FLR. CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Claire M. Gulmi, Sec./Treas. 4/26/05 615-665-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Amsurg Holdings, Inc.