

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002032

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** THE FT. MYERS FL OPHTHALMOLOGY ASC, LLC

**Current Principal Place of Business:**

20 BURTON HILLS BLVD., 5TH FLOOR  
NASHVILLE, TN 37215

**New Principal Place of Business:**

**Current Mailing Address:**

20 BURTON HILLS BLVD., 5TH FLOOR  
NASHVILLE, TN 37215

**New Mailing Address:**

**FEI Number:** 01-0735856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** AMSURG HOLDINGS, INC.  
**Address:** 20 BURTON HILLS BLVD., 5TH FLOOR  
**City-St-Zip:** NASHVILLE, TN 37215

**Title:** MGRM  
**Name:** CATARACT AND LASER SURGERY CENTER, INC.  
**Address:** 12525 NEW BRITTANY BLVD.  
**City-St-Zip:** FORT MYERS, FL 33907

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 GULMI

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02/18/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date