

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M03000002260	
1. Entity Name THE TAMPA FL ENDOSCOPY ASC, LLC	

Principal Place of Business 20 BURTON HILLS BLVD., 5TH FLOOR NASHVILLE, TN 32715	Mailing Address 20 BURTON HILLS BLVD., 5TH FLOOR NASHVILLE, TN 32715
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DO NOT WRITE IN THIS SPACE



04222005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 20-0073189	Applied For <input type="checkbox"/> 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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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$50.00 Due by May 1, 2005

1101100358857
05/04/05-80131-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMSURG HOLDINGS, INC. 20 BURTON HILLS BLVD., 5TH FLOOR NASHVILLE, TN 32715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENDOSCOPY ASSOCIATES OF TAMPA BAY LLC 15504 THORNHURST CT TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 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.