


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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



04192006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0073189	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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., 5TH FLOOR NASHVILLE, TN 32715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ENDOSCOPY ASSOCIATES OF TAMPA DAY LLC 15504 THORNHURST CT TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000569321
 05/20/06-80004-023 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 Boy 4/24/06 615-665-1283

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