


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED** <sup>8/29</sup>  
**May 02, 2008 08:00 AM**  
**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**



03242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0073189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

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

000000943234  
05/29/08-80052-007 138.75

**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 ASSOC. OF TAMPA BAY, LLC 15504 THORNHURST CT TAMPA, FL 33647
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: *Clayton S. J.* 4/14/08

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