


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

**DOCUMENT # M0400000607**

1. Entity Name  
**THE GAINESVILLE FL ORTHOPAEDIC ASC, LLC**



Principal Place of Business <b>20 BURTON HILLS BLVD., 5TH FLOOR          NASHVILLE, TN 37215</b>	Mailing Address <b>20 BURTON HILLS BLVD., 5TH FLOOR          NASHVILLE, TN 37215</b>
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04182006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0603370</b>	Applied For 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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**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 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 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ORTHOPEDIC SURGERY CENTER, LLC 1035 NORTHWEST 57TH ST GAINESVILLE, FL 32605
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100000563319  
 05/20/06-20004-022 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: Clay Lyle 4/24/06 **615-665-1283**

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