

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000607

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** THE GAINESVILLE FL ORTHOPAEDIC 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: 20-0603370

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: ORTHOPEDIC SURGERY CENTER, LLC  
Address: 1035 NORTHWEST 57TH ST  
City-St-Zip: GAINESVILLE, FL 32605

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

SEC

02/15/2011

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