



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90018 043 ****50.00

DOCUMENT # M05000004522					
1. Entity Name THE CAPE CORAL FL ENDOSCOPY ASC, LLC					
Principal Place of Business 20 BURTON HILLS BLVD., 5TH FLOOR NASHVILLE, TN 37215			Mailing Address 20 BURTON HILLS BLVD., 5TH FLOOR NASHVILLE, TN 37215		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04182006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 20-3277058	
				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			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMSURG HOLDINGS, INC.		NAME		
STREET ADDRESS	20 BURTON HILLS BLVD., 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	CAPE CORAL GI PHYSICIANS, LLC	
STREET ADDRESS			STREET ADDRESS	1553 MATTHEWS DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	CAPE CORAL, FL 33917	
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	GCEC, ASG, LLC	
STREET ADDRESS			STREET ADDRESS	7152 COCA SABAL LANE	
CITY-ST-ZIP			CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE		<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	THE CAPE CORAL / FT MYERS ENDOSCOPY A.S.C., LLC	
STREET ADDRESS			STREET ADDRESS	20 BURTON HILLS BLVD; 5TH FLOOR	
CITY-ST-ZIP			CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 4/24/06		Daytime Phone #: 615-665-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					