


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
 May 02, 2008 08:00 AM
 Secretary of State

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

DO NOT WRITE IN THIS SPACE



03242008No Chg-LLC CR2E083 (12/07)

| | |
|---|---------------------------------------|
| 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
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE, SUITE 4
 WESTON, FL 33331

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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: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

1100000943320
 05/29/08 80055-004 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AMSURG HOLDINGS, INC. 20 BURTON HILLS BLVD., 5TH FLOOR NASHVILLE, TN 37215 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CAPE CORAL GI PHYSICIANS LLC 1553 MATHEWS DR NORTH FORT MYERS, FL 33917 |
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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 Long* 4/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #