



**FILED**  
**Jun 09, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90028 002 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

**30009089**

<b>DOCUMENT # M07000005371</b>			
1. Entity Name THE ALTAMONTE SPRINGS 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMSURG ALTAMONTE SPRINGS FL, INC. 20 BURTON HILLS BLVD., 5TH FLOOR NASHVILLE, TN 37215 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 4/15/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	



03242008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**APPLIED FOR 26-0289067** Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

FEI #  
return ok.



Department of the Treasury  
Internal Revenue Service

PO BOX 16236

PHILADELPHIA PA 19114-0236

ATTACHMENT

In reply refer to: 0532545851

Jan. 15, 2008 LTR 147C 0

26-0289067 000000 00 000

00000766

BODC: SB

30009089

#M07000005371

THE ALTAMONTE SPRINGS FL ENDOSCOPY  
% AMSURG HOLDINGS MBR  
20 BURTON HILLS BLVD 5TH FL  
NASHVILLE TN 37215-6154998



05103

Employer Identification Number: 26-0289067

Dear Taxpayer:

Thank you for the inquiry dated Jan. 04, 2008.

Your Employer Identification Number (EIN) is 26-0289067. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require their use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number ( ) \_\_\_\_\_ Hours \_\_\_\_\_