

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAY -4 PM 4: 17

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	--

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000001480</b>  THE BOCA RATON OPHTHALMOLOGY ASC, LLC ONE BURTON HILLS BLVD., SUITE 350 NASHVILLE TN 37215
--

1a. Principal Place of Business Address  ONE BURTON HILLS BLVD., SUIT NASHVILLE TN 37215
---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 12/11/1998	3a. State of Formation TN
Country	Country	4. FEI Number 62-6350623	6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
---

8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>
--

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when a new agent is appointed)  
DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	AMSURG HOLDINGS, INC.	ONE BURTON HILLS BLVD., SU	NASHVILLE TN
MGRM	D.H.G., INC.	950 NW 13TH STREET	BOCA RATON FL

600002871986-16  
-05/12/99--01006--022  
\*\*\*\*188.75 \*\*\*\*188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Clare M. Gulmi Clare M. Gulmi, Treas/Sec. 4/26/99 (615) 665-1283  
SIGNATURE AND FEE FROM LIMITED PARTNER OR SECURITY HOLDER APPLICABLE FOR MEMBERS OF AMSURG HOLDINGS, INC. (SEE INSTRUCTIONS)