2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

FILED May 04, 2004 08:00 AM Secretary of State

DOCUMENT # M98000001480

THE BOCA RATON OPHTHALMOLOGY 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



04232004 No Cha-LLC

CR2E083 (10/03)

4. FEI Number 62-6350623

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registere	d office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE			Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMSURG HOLDINGS, INC. 20 BURTON HILLS BLVD., 5TH FLOOR NASHVILLE, TN 37215			900000155978 05/04-80035-010 50.00
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM D.H.G., INC. 950 NW 13TH STREET BOCA RATON, FL 33486			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO I	NOT WRITE
NITLE NAME STREET ADDRESS CITY-ST-ZIP			IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS			:	

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Amsurg Holdings, Inc.