


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # M99000001538


1. Entity Name
THE MOUNT DORA OPHTHALMOLOGY ASC, LLC



Principal Place of Business Mailing Address

20 BURTON HILLS BOULEVARD **20 BURTON HILLS BOULEVARD**
NASHVILLE, TN 37215 **NASHVILLE, TN 37215**

DO NOT WRITE IN THIS SPACE



04232004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 62-1795778	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

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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HARRELL, ROYCE 20 BURTON HILLS BOULEVARD NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCDONALD, KEN P 20 BURTON HILLS BOULEVARD NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PAYNE, BILLIE A 20 BURTON HILLS BLVD, 5TH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WINKER, CYNTHIA 20 BURTON HILLS BOULEVARD NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GULMI, CLAIRE M 20 BURTON HILLS BOULEVARD NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ZAMOJSKI, DENNIS J 20 BURTON HILLS BOULEVARD NASHVILLE, TN 37215

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M9900155380
05/05/04-R00085-011 50.00

11. I 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 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: *Claire M. Gulmi* *Claire M. Gulmi Treas/Sec* *4/26/04* *615-665-1283*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Am Surg Holdings, Inc.