

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014835 AF

DOCUMENT # **M99000001720**

1. Entity Name  
**THE CAPE CORAL/FT. MYERS ENDOSCOPY ASC, LLC**

00 MAY -3 PM 12:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**20 BURTON HILLS BOULEVARD  
NASHVILLE TN 37215**

Mailing Address  
**20 BURTON HILLS BOULEVARD  
NASHVILLE TN 37215-6154**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**20 Burton Hills Blvd.**  
Suite, Apt. #, etc.  
**5th Floor**  
City & State  
**Nashville, TN**

3. Mailing Address  
**20 Burton Hills Blvd.**  
Suite, Apt. #, etc.  
**5th Floor**  
City & State  
**Nashville, TN**

4. FEI Number  
**62-1767599**

Applied For  
 Not Applicable

Zip  
**37215** Country  
**U.S.A.**

Zip  
**37215** Country  
**U.S.A.**

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**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Amsurg Holdings, Inc. 20 Burton Hills Blvd, 5th Floor Nashville, TN 37215</b> <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	<b>MGRM GCEC PARTNERS 665 Del Prado Blvd. Cape Coral, FL 33990</b> <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
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
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
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

**200003272532--5**  
**-05/31/00--01086--021**  
**\*\*\*\*\*50.00 \*\*\*\*\*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: **Signature Required** **Claire M. Bulmi, Treas./Sec.** **4/26/00** **615-665-1283**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER **Amsurg Holdings, Inc.** Date Daytime Phone #

CR2E083 (9/99)