

2001 UNIFORM BUSINESS REPORT (UBR)

00269860 AF

DOCUMENT # M99000001720

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

FILED

01 MAY -4 PM 2:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**20 BURTON HILLS BOULEVARD
5TH FLOOR
NASHVILLE TN 37215**

Mailing Address
**20 BURTON HILLS BOULEVARD
5TH FLOOR
NASHVILLE TN 37215**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
62-1767599

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT) 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 Delete
**MGRM
AMSURG HOLDINGS, INC.
20 BURTON HILLS BLVD., 5TH FLOOR
NASHVILLE TN 37215**

TITLE NAME Change Addition
**500004336575--3
-05/31/01--01085--007
*****50.00 *****50.00**

TITLE NAME Delete
**MGRM
GCEC PARTNERS
665 DEL PADRO BLVD.
CAPE CORAL FL 33990**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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, Treas/Sec 2/26/01 615-665-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)