

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000116

FILED  
Apr 09, 2009  
Secretary of State

**Entity Name:** THE SARASOTA OPHTHALMOLOGY ASC, LLC

**Current Principal Place of Business:**

20 BURTON HILLS BLVD.  
5TH FLR  
NASHVILLE, TN 37215

**New Principal Place of Business:**

**Current Mailing Address:**

20 BURTON HILLS BLVD.  
5TH FLR  
NASHVILLE, TN 37215

**New Mailing Address:**

**FEI Number:** 62-1825704

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AMSURG HOLDINGS, INC  
Address: 20 BURTON HILLS BLVD, 5TH FLOOR  
City-St-Zip: NASHVILLE, TN 37215

Title: MGRM ( ) Delete  
Name: CAES PHYSICIANS, INC.  
Address: 3920 BEE RIDGE ROAD, BLDG F, STE C  
City-St-Zip: SARASOTA, FL 34233

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 GULMI

STD

04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date