

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0400000607

**Entity Name:** THE GAINESVILLE FL ORTHOPAEDIC ASC, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 20-0603370

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	AMSURG HOLDINGS, INC.	Name	ORTHOPEDIC SURGERY CENTER, LLC
Address	20 BURTON HILLS BLVD., 5TH FLOOR	Address	4500 NEWBERRY ROAD
City-State-Zip:	NASHVILLE TN 37215	City-State-Zip:	GAINESVILLE FL 32607

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CLAIRE M. GULMI

**SECRETARY**

**03/25/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date