

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0400000607

Entity Name: THE GAINESVILLE FL ORTHOPAEDIC ASC, LLC

Current Principal Place of Business:

1A BURTON HILLS BLVD
NASHVILLE, TN 37215

Current Mailing Address:

1A BURTON HILLS BLVD
NASHVILLE, TN 37215 US

FEI Number: 20-0603370

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 MEMBER
Name AMSURG HOLDINGS, INC.
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

Title MEMBER
Name ORTHOPEDIC SURGERY CENTER,
LLC
Address 4600 NEWBERRY ROAD
City-State-Zip: GAINESVILLE FL 32607

Title AUTHORIZED PERSON
Name WILSON, CRAIG A
Address 1A BURTON HILLS BLVD
City-State-Zip: NASHVILLE TN 37215

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: CRAIG A WILSON

AUTHORIZED PERSON

04/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date