

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003132

Entity Name: THE ORLANDO FL ENDOSCOPY 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: 20-2873015

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CITRUS AMBULATORY SURGERY
CENTER INC.
Address 3885 OAKWATER CIRCLE, STE #2
City-State-Zip: ORLANDO FL 32806

Title MEMBER
Name CENTRAL FLORIDA SURGICAL
CENTER PARTNERS LLP
Address 3885 OAKWATER CIRCLE
City-State-Zip: ORLANDO FL 32806

Title AUTHORIZED REPRESENTATIVE
Name WILSON, CRAIG
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 WILSON

**AUTHORIZED
REPRESENTATIVE**

04/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date