2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DOCUMENT # B98000000660 THE NAPLES ENDOSCOPY ASC, L.P.

FILED May 01, 2007 08:00 A Secretary of State

Principal Place of Business

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

Mailing Address

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



02012007 No Chg-LP

CR2E003 (12/06)

4. FEI Number		Applied For
62-1760254	[Not Applicable
5. Certificate of Status Desired		5 Additional

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its regions of registered agent.	istered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept \$100000752341 \$105/21/07-80036-019 \$100.00
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	0
		Y MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	F98000006325	
NAME	AMSURG NAPLES, INC.	
SIREET ADDRESS	20 BURTON HILLS BLVD., 5TH FLOOR	·
CITY-ST-ZIP	NASHVILLE, TN 37215	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT#		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
OCCUPATION A		IN THIS SPACE

STREET ADDRESS CITY - ST - ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

<u>1615-1665-1283</u> Daytime Phone #