## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M01000000077

1. Entity Name

NAME STREET ADDRESS CITY-ST-ZIP

THE SURGERY CENTER OF CORAL GABLES, LLC



FILED May 04, 2004 08:00 AM Secretary of State

Principal Place of Business

NASHVILLE, TN 37215

20 BURTON HILLS BLVD.

Mailing Address

20 BURTON HILLS BLVD. NASHVILLE, TN 37216



04262004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 62-1827649 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

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8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE				
Signature typed or printed narro of registered agent and title if applicable (NOTE Registere		(NOTE Registered Agent signature required whom reinstaling)	DATE	
Filing Fee is \$50.00 Due by May 1, 2004				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	MGRM AMSURG HOLDINGS, INC. 20 BURTON HILLS BLVD. 5TH FLR. NASHVILLE, TN 37215		U00000155352 05/05/04-80033 <b>-019 50.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABLES SURGICAL GROUP 1097 LEJEUNE RD. 3RD FLR. CORAL GABLES, FL 33134		(57)5704-80033-019 <b>50.0</b> 0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 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: Claus- Some Claire M. Gulmi, Treas Kee 4/26/04 615-665-12

SIGNATURE AND TYPED OR PRINTED NAME OF SKYNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daylors Phone &

Am Surg Holdings, Inc.