

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M01000000389

1. Entity Name
THE CAPE CORAL/FT. MYERS ANESTHESIA, LLC



Principal Place of Business
**20 BURTON HILLS BLVD.
NASHVILLE, TN 37215**

Mailing Address
**20 BURTON HILLS BLVD.
NASHVILLE, TN 37215**



04232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1842124

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**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM METRO ANESTHESIA, INC. 6171 MID METRO DR. UNIT 2 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAPE CORAL/FT. MYERS ENDOSCOPY ... 20 BURTON HILLS BLVD. 5TH FLR. NASHVILLE, TN 37215
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05/05/04-80033-011 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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: *Claire M. Gulmi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Cape Coral/Ft. Myers Endoscopy ASC, LLC

4/26/04

615-665-1283