



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 08:00 A
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 62-1842124	
5. Certificate of Status Desired <input type="checkbox"/>				\$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			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM METRO ANESTHESIA, INC. 6171 MID METRO DR. UNIT 2 FORT MYERS, FL 33912	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPE CORAL/FT. MYERS ENDOSCOPY ... 20 BURTON HILLS BLVD. 5TH FLR. NASHVILLE, TN 37215	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPE CORAL/FT. MYERS ENDOSCOPY ... 20 BURTON HILLS BLVD. 5TH FLR. NASHVILLE, TN 37215	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAPE CORAL/FT. MYERS ENDOSCOPY ... 20 BURTON HILLS BLVD. 5TH FLR. NASHVILLE, TN 37215	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing 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 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: 				4/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				65-665-1283	