

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2007 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



04262007 No Chg-LLC

CR2E083 (11/05)

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

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

**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, 2007**

000000761298
05/25/07-80050-009 50.00

9. MANAGING MEMBERS/MANAGERS

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

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

4/27/07

Date

615-665-1283

Daytime Phone #