2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M0100000627

THE FT. MYERS DIGESTIVE HEALTH AND PAIN ASC, LLC

Principal Place of Business Mailing Address 20 BURTON HILLS BLVD 20 BURTON HILLS BLVD NASHVILLE TN 37215 NASHVILLE TN 37215 2. Principal Place of Business 3. Mailing Address

FILED May 22, 2002 8:00 am³ Secretary of State

05-22-2002 90212 006 ****50.00



Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State C			City & State	City & State			4. FEI Number APPLIED FOR				
Zip Country Zip			Zip	ip Counti						\$5.00 A	dditional
	6. Name	and Address of Current F	·								
CIO		RATION SYSTE			Name					90	
1200 SOUTH PINE ISLAND RD.						4. FEI Number 62-1848158 5. Certificate of Status Desired \$5.00 Additional Fee Required 7. Name and Address of New Registered Agent ame rest Address (P.O. Box Number is Not Acceptable) Ty FL Zip Code Addition Application Ty FL Zip Code Is \$50.00 Paratture required when reinstating) ADDITIONS/CHANGES AMSurg Holdings, Inc. Desired Addition Addition GEEC, LLC BESS 3 Barkley Circle Fort Myers, FL 33907 MGRM The Sypert Institute, P.A. 13700 Creekside Lane, Suite Iol Fort Myers, FL 33919 Change Addition Change Addition Change Addition Change Addition Change Addition					
PLAN	OITATIO	N, FL 33324									••
									FL	Zip Cc	de
8. The above	named entity	y submits this statement for	the purpose of changing its	registere	ed office o	or registered age	ent, or both, ir	the State of Flo	orida.		
35051471105											
Signature _	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT	E: Registere	d Agent signa	ture required when re	nstating)		DATE		
			Make Check Pa	yable t		tment of Stat	е				
9.		MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 BURT	ald, ken p On Hills Blvd Le TN 37215	⊠ Delete			Amsurg				☐ Change	⊠ Addition
ITTLE VAME STREET ADDRESS DITY-ST-ZIP	MGRM ZAMOJSKI, DENNIS J 20 BURTON HILLS BLVD NASHVILLE TN 37215		⊠ Delete		E	MGRM GCEC, LL 23 Barkl	c ey circ	اف		☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 BURT	CLAIRE M ON HILLS BLVD LE TN 37215	⊠ Delete			mgrm The Sype 12700 Cre	rt Inst ækside	itute, P.1 Lane, Sui	Α.	Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition
ITLE IAME STREET ADDRESS STY-ST-ZIP			☐ Delete							☐ Change	Addition
ITLE IAME ITREET ADDRESS ITY-ST-ZIP			☐ Delete							☐ Change	☐ Addition

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.

G MANAGIND MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE TICK

615-665-1283