## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## FILED May 06, 2004 8:00 am Secretary of State

Principal Place of Business 24 BURRON HILLS BLVD NASHVILLE, TN 37215  2 Principal Place of Sularianss  2. Principal Place of Sularianss  Sulfa, Aprl. 4, etc.  Cry & State  Cr	*DOCUMENT # M0100000627  1. Entity Name THE FT. MYERS DIGESTIVE HEALTH AND PAIN ASC, LLC							05-06-20	004 9000	3 026 ***	**50.00
Applied Place of Business  2. Principal Place of Business  3. Mailing Address  Suite, Apt. 4. etc.  Suite, Apt. 4. etc.  City 6. State  City 6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  City Corporation System  1. Name  City Corporation System  1. Name  City Corporation System  1. Name  City Corporation System  1. Name and Address of New Registered Agent  City FL  276 Code  6. The above named city submits its statement for the Durpose of charging its registered office or registered agent, or both, in the State of Florida. I tern familiar with, and accept into collaptions of registered agent, or both, in the State of Florida. I tern familiar with, and accept into collaptions of registered agent, or both, in the State of Florida. I tern familiar with, and accept into collaptions of registered agent, or both, in the State of Florida. I tern familiar with, and accept into collaptions of registered agent, or both, in the State of Florida. I tern familiar with, and accept into collaptions of registered agent, or both, in the State of Florida. I tern familiar with, and accept into collaptions of registered agent, or both, in the State of Florida. I tern familiar with, and accept into collaptions of registered agent, or both, in the State of Florida. I tern familiar with, and accept into collaptions of registered agent, or both, in the State of Florida. I tern familiar with, and accept into collaptions of registered agent, or both, in the State of Florida. I tern familiar with, and accept into collaptions of registered agent, or both, in the State of Florida. I tern familiar with, and accept into collaptions of registered agent, or both, in the State of Florida. I tern familiar with, and accept into collaptions of registered agent, or	Principal Place of Business Mailing Address										
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8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Name  8. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity, submits this statement for the purpose of changing his registered agent, or both, in the State of Rorida. I am familiar with, and accept the collegations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the collegations of registered agent.  8. The above named entity, submits this statement for the purpose of changing his registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the collegations of registered agent.  8. The above named entity, submits this statement for the purpose of changing his registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the collegations of registered agent.  8. The above named entity, submits this statement for the purpose of changing his registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the decipied agent ag	City & State	9	City & State						·		
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C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324  City FL Zip Code  6. The above named entity submits his statement for the purpose of changing its registered office or registered signati, or both, in the State of Florids. I sent amiliar with, and accept the colligations of registered agant, or both, in the State of Florids. I sent amiliar with, and accept the colligations of registered agant, or both, in the State of Florids. I sent amiliar with, and accept the colligations of registered agant, or both, in the State of Florids. I sent amiliar with, and accept the colligations of registered agant, or both, in the State of Florids. I sent amiliar with, and accept the colligations of registered agant, or both, in the State of Florids. I sent amiliar with, and accept the colling and the colling again.  SIGNATURE  FILING Foe is \$50.00  Due by May 1, 2004  FILING MGRM  AMANAGING MEMBERS/MANAGERS  9. MANAGING MEMBERS/MANAGERS  9. MANAG		6 Name and Address of Current	Pagistered Agent	gistored Agent			Fee Required				
Street Address (P. O. Box Number is Not Acceptable)	<del></del>										
PLANTATION, FL 33324    City   FL   Zip Code					Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Filling Foe is \$50.00   Date   Make check payable to Florida Department of State		T T .		Cit.			<del></del>	<del></del>			
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SIGNATURE: Claye M. Gulmi Treas/Sec 4/36/64 615-665-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Desputing Phone & Am Surg Holdings, Inc.