

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

**DOCUMENT # M01000000627**

1. Entity Name  
**THE FT. MYERS DIGESTIVE HEALTH AND PAIN ASC,  
LLC**



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

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



04182006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1848758**

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
AMSURG HOLDINGS  
20 BURTON HILLS BLVD 5TH FLOOR  
NASHVILLE, TN 37215**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
CENTER FOR DIGESTIVE HEALTH, INC.  
P.O. BOX 60157  
FORT MYERS, FL 33906**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
THE SYPERT INSTITUTE, P.A.  
12700 CREEKSIDE LANE, STE 101  
FORT MYERS, FL 33919**

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

**4/24/06**

Date

**615-665-1283**

Daytime Phone #