
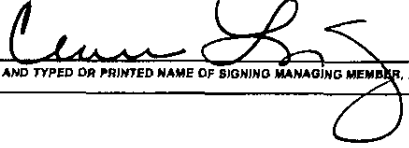


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 62-1848758	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMSURG HOLDINGS 20 BURTON HILLS BLVD 5TH FLOOR NASHVILLE, TN 37215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
MGRM CENTER FOR DIGESTIVE HEALTH, INC. P.O. BOX 60157 FORT MYERS, FL 33906	<input type="checkbox"/> Delete	000000761457 05/25/07-80053-025 50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
MGRM THE SYPERT INSTITUTE, P.A. 12700 CREEKSIDE LANE, STE 101 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
MGRM CENTER FOR DIGESTIVE HEALTH, INC. P.O. BOX 60157 FORT MYERS, FL 33906	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
MGRM THE SYPERT INSTITUTE, P.A. 12700 CREEKSIDE LANE, STE 101 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
MGRM CENTER FOR DIGESTIVE HEALTH, INC. P.O. BOX 60157 FORT MYERS, FL 33906	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
MGRM THE SYPERT INSTITUTE, P.A. 12700 CREEKSIDE LANE, STE 101 FORT MYERS, FL 33919	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
MGRM CENTER FOR DIGESTIVE HEALTH, INC. P.O. BOX 60157 FORT MYERS, FL 33906	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			4/27/07 665-665-1283		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		