

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000627

FILED
Apr 09, 2009
Secretary of State

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

Current Principal Place of Business:

20 BURTON HILLS BLVD
NASHVILLE, TN 37215

New Principal Place of Business:

Current Mailing Address:

20 BURTON HILLS BLVD
NASHVILLE, TN 37215

New Mailing Address:

FEI Number: 62-1848758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AMSURG HOLDINGS
Address: 20 BURTON HILLS BLVD 5TH FLOOR
City-St-Zip: NASHVILLE, TN 37215

Title: MGRM () Delete
Name: CENTER FOR DIGESTIVE HEALTH, INC.
Address: P.O. BOX 60157
City-St-Zip: FORT MYERS, FL 33906

Title: MGRM () Delete
Name: THE SYPERT INSTITUTE, P.A.
Address: 12700 CREEKSIDE LANE, STE 101
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAIRE GULMI

STD

04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date