

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000627

FILED
Sep 16, 2010
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:

12700 CREEKSIDE LANE
FORT MYERS, FL 33919

Current Mailing Address:

20 BURTON HILLS BLVD
NASHVILLE, TN 37215

New Mailing Address:

12700 CREEKSIDE LANE
FORT MYERS, FL 33919

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:

O'GRADY, ROBERT
12700 CREEKSIDE LANE
FORT MYERS, FL 33919 US

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: ROBERT O'GRADY

09/16/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CENTER FOR DIGESTIVE HEALTH, INC.
Address: 12700 CREEKSIDE LANE
City-St-Zip: FORT MYERS, FL 33919

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

Title: MGRM
Name: PREMIER PAIN ASSOCIATES, LLC
Address: 12700 CREEKSIDE LANE
City-St-Zip: FORT MYERS, FL 33919

I hereby 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: ROBERT O'GRADY

CEO

09/16/2010

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