

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<sup>2098</sup>  
**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M01000000628**

1. Entity Name  
**THE SUNRISE OPHTHALMOLOGY ASC, LLC**



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

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



03242008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**62-1848874**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000943266  
05/29/08-80052-022 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM AMSURG HOLDINGS, INC 20 BURTON HILLS BLVD, 5 FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PHYSICIAN HOLDING CORP ONE FINANCIAL PLAZA, STE 1900 FT LAUDERDALE, FL 33394
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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

**4/14/08**

Date

Daytime Phone # \_\_\_\_\_