

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000000628

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** THE SUNRISE OPHTHALMOLOGY 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:** 62-1848874

**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  
Name: AMSURG HOLDINGS, INC  
Address: 20 BURTON HILLS BLVD, 5 FLOOR  
City-St-Zip: NASHVILLE, TN 37215

Title: MGRM  
Name: PHYSICIAN HOLDING CORP  
Address: ONE FINANCIAL PLAZA, STE 1900  
City-St-Zip: FT LAUDERDALE, FL 33394

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: CLAIRE GULMI

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02/18/2010

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