

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000810

1. Entity Name
THE ZEPHYRHILLS OPHTHALMOLOGY ASC, LLC



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

Mailing Address
20 BURTON HILLS BLVD.
NASHVILLE, TN 37215



04232004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1851569

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
AMSURG HOLDINGS, INC.
20 BURTON HILLS BLVD. 5TH FLR
NASHVILLE, TN 37215

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
PASCO SURGERY CENTER, LLLP
PO BOX 2913754
TAMPA, FL 33687

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

000000155358
05/05/04-80033-023 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Claire M. Galtis Treas/Sec 4/26/04 615-665-1283
AmSurg Holdings, Inc.