

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90076 049 ****50.00

0068861

DOCUMENT # M01000001110

1. Entity Name

THE FT. MYERS DIGESTIVE HEALTH ANESTHESIA, LLC



Principal Place of Business

**20 BURTON HILLS BLVD.
NASHVILLE TN 37215**

Mailing Address

**20 BURTON HILLS BLVD.
NASHVILLE TN 37215**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **62-1856334**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
THE FT. MYERS DIGESTIVE HEALTH ASC, LLC
20 BURTON HILLS BLVD., 5TH FLOOR
NASHVILLE TN 37215** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
METRO ANESTHESIA, INC.
6171 MID METRO DR., UNIT 2
FORT MYERS FL 33912** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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TITLE
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CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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, MANAGER, C

SIGNATURE REQUIRED

Charles M. Culm, Treasurer 4/13/03

605-665-1083

Daytime Phone #

The Ft. Myers Digestive Health ASC, LLC

CR2E083 (10/02)