

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

0045342

05-22-2002 90212 005 \*\*\*\*50.00

**DOCUMENT # M01000001899**

1. Entity Name

**THE NAPLES ENDOSCOPY 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 **62-1857277**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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.

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>MGRM The Naples Endoscopy ASC, L.P. 20 Burton Hills Blvd., 5th Floor Nashville, TN 37215</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>MGRM Metro Anesthesia, Inc. 6171 Mid Metro Drive, Unit 2 Ft. Myers, FL 33912</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Claire M. Gulmi* **SIGNATURE REQUIRED** **Claire M. Gulmi, Treas./Sec.** **4/24/02** **615-665-1283**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)