

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



04222005No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**62-1857277**

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, 2005**

000000358855  
05/04/05-80131-016 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
THE NAPLES ENDOSCOPY ASC, LP  
20 BURTON HILL BLVD, 5 FLOOR  
NASHVILLE, TN 37215**

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

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

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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 #

**Chaire M. Gulmi, Sec./Treas. 4/26/05 615-665-1283**