## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## FILED May 08, 2006 08:00 A Secretary of State

DOCUMENT # M0100001899  1. Entity Name THE NAPLES ENDOSCOPY ANESTHESIA, LLC					Šecretary of Sta				
Principal Place		Mailing Address							
20 BURTON HILLS BLVD. Nashville, TN 37215		20 BURTON HILLS BLVD. Nashville, TN 37215							
						 	i adril (210) ijgi		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182006	Chg-LLC	CR2E08	33 (11/05)		
City & State		City & State	City & State		4. FEI Number 62-1857				oplied For ot Applicable
Zip	Country	Zip	Zip Counti		5. Certificate o	f Status Desired		5.00 Add	
	6. Name and Address of Curren	t Registered Agent	agistered Agent			7. Name and Address of New Registered Agent			
C T CORP			Name						
1200 SOU	TH PINE ISLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)					
PLANIAII	ON, FL 33324								
				City			FL	Zip Cod	e
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 trille if applicable (NOTE. Registered Agent signature required when reinstating)  DATE    1									
Filing Fee is \$50.00 Due by May 1, 2006					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Florida		int of Stati	
9.	MANAGING MEMB		10.	r		ADDITIONS,		Change	Addition
TITLE NAME	MGRM Delete THE NAPLES ENDOSCOPY ASC, LP		NAM					onango	
STREET ADDRESS CITY-ST-ZIP	20 BURTON HILL BLVD, 5 FLO	OR		EET ADDRESS (- ST-ZIP					
TITLE	NASHVILLE, TN 37215	☐ Detete	TITL			Unnani	0563000	Change	☐ Addition
NAME	METRO ANESTHESIA, INC		NAM	1		U00000 05/20/06	-80032-	, -004 50	o. oo il
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CITY-ST-ZIP			CIT	/-ST-ZIP					
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.									

4|24|06 Date