

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # M02000000648

1. Entity Name
THE AMSURG NAPLES ANCILLARY COMPANY, LLC



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

Mailing Address
**20 BURTON HILLS BLVD.
NASHVILLE, TN 37215**



04262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-3421930

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331**

**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)

000000751286

**Filing Fee is \$50.00
Due by May 1, 2007**

05/25/07-80050-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLL, FRANK J 20 BURTON BLVD, 5TH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MANNING, DAVID L 20 BURTON BLVD, 5TH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GULMI, CLAIRE M 20 BURTON HILLS BLVD. NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARGELL, ROYCE D 20 BURTON BLVD, 5TH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/07

Date

615-665-1283

Daytime Phone #