

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED 8/29
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # M03000002260

1. Entity Name

THE TAMPA FL ENDOSCOPY ASC, LLC



Principal Place of Business

20 BURTON HILLS BLVD., 5TH FLOOR
NASHVILLE, TN 32715

Mailing Address

20 BURTON HILLS BLVD., 5TH FLOOR
NASHVILLE, TN 32715



03242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0073189

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 reactivating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000943234
05/29/08-80052-007 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
AMSURG HOLDINGS, INC.
20 BURTON HILLS BLVD., 5TH FLOOR
NASHVILLE, TN 32715

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
ENDOSCOPY ASSOC. OF TAMPA BAY, LLC
15504 THORNHURST CT
TAMPA, FL 33647

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 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:

Clara S. J.

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

4/14/08

Date

Daytime Phone #