

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # M04000000607

1. Entity Name

THE GAINESVILLE FL ORTHOPAEDIC ASC, LLC



Principal Place of Business

20 BURTON HILLS BLVD., 5TH FLOOR
NASHVILLE, TN 37215

Mailing Address

20 BURTON HILLS BLVD., 5TH FLOOR
NASHVILLE, TN 37215



03242008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0603370

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)

DATE _____

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

U000000943336
05/29/08-80055-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AMSURG HOLDINGS, INC.
STREET ADDRESS	20 BURTON HILLS BLVD., 5TH FLOOR
CITY- ST- ZIP	NASHVILLE, TN 37215
TITLE	MGRM
NAME	ORTHOPEDIC SURGERY CENTER, LLC
STREET ADDRESS	1035 NORTHWEST 57TH ST
CITY- ST- ZIP	GAINESVILLE, FL 32605
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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

4/15/08

Date

Daytime Phone # _____