

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

DOCUMENT # M04000000772

1. Entity Name  
THE LAKELAND FL ENDOSCOPY 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  
20-0288888

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**

000000943261  
05/29/08-80052-020 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST -ZIP  
MGRM  
AMSURG HOLDINGS, INC.  
20 BURTON HILLS BLVD., 5TH FLOOR  
NASHVILLE, TN 37215

TITLE  
NAME  
STREET ADDRESS  
CITY- ST -ZIP  
MGRM  
LAKELAND HILLS SURGERY CENTER, LLC  
1222 S FLORIDA AVE  
LAKELAND, FL 33805

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

**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

4/14/08

Date

Daytime Phone # \_\_\_\_\_