


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # M05000003132</b>	
1. Entity Name THE ORLANDO 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
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DO NOT WRITE IN THIS SPACE



02012007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2873015	Applied For Not Applicable
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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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

U00000761293  
05/25/07-80050-006 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMSUNG HOLDINGS INC. 20 BURTON HILLS BLVD., 5TH FLOOR NASHVILLE, TN 37215
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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.

**SIGNATURE:** 

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

4/27/07  
Date

615-665-1283  
Daytime Phone #