2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M98000001480

1. Entity Name

THE BOCA RATON OPHTHALMOLOGY ASC, LLC



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

Principal Place of Business

Mailing Address

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

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



02012007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number	 Applied For
62-6350623	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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

The above named entity submits this statement for the purpose of changi the obligations of registered agent.	ing its registered office or registered agent, or both, in the State of Florida	. I am familiar with, and accept
SIGNATURE Signature, typed or pointed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

Filing Fee Is \$50.00 Due by May 1, 2007 U00000761442 05/25/07-80053-018 50.00

9.	MANAGING MEMBERS/MANAGERS
TILLE	MGRM
NAME	AMSURG HOLDINGS, INC.
STREET ADDRESS	20 BURTON HILLS BLVD., 5TH FLOOR
CITY-ST-ZIP	NASHVILLE, TN 37215
TITLE	MGRM
NAME	D.H.G., INC.
STREET ADDRESS	950 NW 13TH STREET
CITY-ST-ZIP	BOCA RATON, FL 33486
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 MAN

G MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/07

615-665-1283

Daytime Phone #