

**B9500000054**

Document Number Only

RECEIVED  
95 FEB 10 AM 11:52  
DIVISION OF CORPORATION

C T CORPORATION SYSTEM

Requestor's Name  
1311 Executive Center Drive, Ste. 200  
Address  
Tallahassee, FL 32301 (904) 656-8298  
City State Zip Phone

FILED  
95 FEB 15 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

*W45000003175*

*The ENT Center of Brevard, L.P., Limited Partnership*

- Profit
- NonProfit
- Foreign
- Limited Partnership
- Reinstatement
- Certified Copy
- Call When Ready
- Walk In
- Mail Out
- Amendment
- Dissolution/Withdrawal
- Annual Report
- Reservation
- Photo Copies
- Call If Problem
- Will Wait
- Merger
- Mark
- Other
- Change of R.A.
- Fictitious Name
- CUS / G/S
- After 4:30
- Pick Up

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

*2/10/95  
3:00*

PLEASE RETURN EXTRA COPY(S)  
FILE STAMPED

500001409785  
-02/20/95--01019--007  
\*\*\*1785.00 \*\*\*1785.00

500001409785  
-02/20/95--01019--008  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

CR2E031 (1-89)



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

RECEIVED  
95 FEB 15 PM 12:12  
DIVISION OF CORPORATION

February 10, 1995

C T CORPORATION SYSTEM  
TALLAHASSEE, FL

SUBJECT: THE ENT CENTER OF BREVARD, L.P., LIMITED PARTNERSHIP  
Ref. Number: W9500003195

We have received your document for THE ENT CENTER OF BREVARD, L.P., LIMITED PARTNERSHIP and check(s) totaling \$1785.00. However, your check(s) and document are being returned for the following:

Before this partnership can be filed, the corporate general partner AMSURG ENT BREVARD, INC. will have to be filed in Florida.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6914.

Buck Kohr  
Corporate Specialist

Letter Number: 095A00006121

*Additional  
\$ 8.75  
for cws  
enclosed*

*Walk-In  
(20)*

*Will-Wait  
2/15/95  
11:45*



This 9th day of February, 1995.

H. D. Herr  
General Partner  
AmSurg ENT Brevard, Inc.

STATE OF TENNESSEE

COUNTY OF DAVIDSON

THE FOREGOING instrument was acknowledged and sworn to before me this 9th day of February, 1995, by H. Herr of AmSurg ENT Brevard (Name of General Partner) of The ENT Center of Brevard, L.P. (Name of Limited Partnership), A Tennessee (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Vickie M. Evans  
Notary Public  
State of Tennessee at Large

(SEAL)

My Commission Expires:  
My Commission Expires MAY 28, 1995

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS**

BEFORE ME, the undersigned, personally appeared H. Herr of AmSurg ENT Brevard, a general partner of The ENT Center of Brevard, L.P., a (an) Tennessee, limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

- 1. The amount of capital contributions of the limited partners is \$ 295,363.
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 295,363.

This 9th day of February, 1995.

**FURTHER AFFIANT SAYETH NOT.**

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

General Partner

H. D. Herr

AmSurg ENT Brevard, Inc.

STATE OF TENNESSEE  
COUNTY OF DAVIDSON  
DATE February 9, 1995

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared H. Herr of AmSurg ENT Brevard, Inc. (General Partner, known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 9th day of February, 1995.

Vickie M. Evans

Notary Public

Seal

State of Tennessee at Large

My Commission Expires:

My Commission Expires MAY 28, 1995

39500000054

OFFICE USE ONLY (Document #)

The Eat Center of Broward, LP, Limited Partnership  
(Requestor's Name)

102 Woodmont Blvd., Ste 500  
(Address)

Nashville TN 37205  
(City, State, Zip) (Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. \_\_\_\_\_  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in  Pick up time \_\_\_\_\_  Certified Copy
- Mail out  Will wait  Photocopy  Certificate of Status

FILED  
96 JAN 19 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

39500000054

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

700001693887  
-01/22/96--01004--003  
\*\*\*1750.00 \*\*\*\*\*17.50

1750.00

Name Available \_\_\_\_\_  
Document Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Up \_\_\_\_\_  
Act \_\_\_\_\_  
Ver. Iyer \_\_\_\_\_

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

C. TAX  
F. 1750.00  
R. \_\_\_\_\_  
RECORD \_\_\_\_\_

Examiner's Initials \_\_\_\_\_

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS  
FOR A FOREIGN LIMITED PARTNERSHIP**

The undersigned general partners of The ENT Center of Brevard, L.P., a Tennessee Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.176, Florida Statutes.

The total amount of the capital contributions of the limited partners that is allocated for the purpose of transacting business in Florida is \$1,000,000.00.

This 14th day of December, 1995.

**FURTHER AFFIANT SAYETH NOT.**

Under the penalties of perjury, I declare that I have read the following and that the facts are true, to the best of my knowledge and belief.

*Claire M. Gulmi*  
Claire M. Gulmi, Vice President  
Amsurg ENT Brevard, Inc., General Partner

FILED  
95 JAN 19 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra Morthum  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 JAN 19 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**B9500000054**

**THE ENT CENTER OF BREVARD, L.P., LIMITED PARTNERSHIP**

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, if Applicable

~~400001694154~~

State, Apt #, etc.

~~01/22/96--01018--023~~

City, State & Zip

~~\*\*\*\*576.25 \*\*\*\*576.25~~

2a. New Principal Office Address, if Applicable

State, Apt # etc

City, State & Zip

Mailing Address

102 WOODMONT BLVD., STE 300  
NASHVILLE TN 37205

Principal Office Address

102 WOODMONT BLVD., STE. 300  
NASHVILLE TN 37205

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a

3. Date Formed or Registered to Do Business in FLORIDA  
**02/15/1995**

3a. Date of Last Report

4. State or Country of Formation

**TN**

5a. Capital Contributions as Shown on Record  
**\$295,363.00**

5b. Amount of Capital Contributions in FLORIDA to date  
**\$1,000,000.00**

6. FEI Number

**62-1558351**

Applied For

7. CERTIFICATE OF STATUS REQUIRED

Not Applicable

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50  
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)  
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75).  
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.  
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

State, Apt #, etc

City

**FL**

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY**

11. Name(s) of General Partner(s)

**AMSURG ENT BREVARD, INC.**

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**102 WOODMONT BLVD., S**

11b. City, State & Zip Code

**NASHVILLE TN 37205**

11c. Registration Document Number

**F9500000755**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Claire M. Gulmi*

DATE

**DEC. 14, 1995**

Typed or Printed Name of General Partner Signing

**Claire M. Gulmi, Vice President  
AmSurg ENT Brevard, Inc.**

Telephone Number

**(615) 385-1050**

CR2E003 (6/95)