

**CORPORATE
ACCESS,
INC.**

B98000000618

1116-D Thomasville Road . Mount Vernon Square . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-1666 . Fax (904) 222-1666

WALK IN

PICK UP

10/16/98



CERTIFIED COPY

CUS

PHOTO COPY

FILING

Foreign/L.P.

1.) The Southeast Eyecare Network, L.P.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

6.) _____
(CORPORATE NAME & DOCUMENT #)

7.) _____
(CORPORATE NAME & DOCUMENT #)

8.) _____
(CORPORATE NAME & DOCUMENT #)

9.) _____
(CORPORATE NAME & DOCUMENT #)

10.) _____
(CORPORATE NAME & DOCUMENT #)

File [Signature]

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 21 PM 12:54

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DIVISION OF CORPORATION

*BK
10/21/98*

SPECIAL INSTRUCTIONS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

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DIVISION OF CORPORATIONS
98 OCT 21 PM 12:54

October 16, 1998

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: THE SOUTHEAST EYECARE NETWORK, L.P.
Ref. Number: W98000023533

We have received your document for THE SOUTHEAST EYECARE NETWORK, L.P. and your check(s) totaling \$140.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$140.00 payment.

Before this partnership can be filed, the coporate general partner -- AMSURG FL EYECARE NETWORK, INC. -- must complete its qualification 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 (850) 487-6914.

Buck Kohr
Corporate Specialist

Letter Number: 098A00051245

File Second

RECEIVED
98 OCT 20 PM 3:47
DIVISION OF CORPORATION

Florida Department of State, Sandra B. Mortham, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

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DIVISION OF CORPORATIONS
98 OCT 21 PM 12:54

1. The Southeast EyeCare Network, L.P.
(Name of limited partnership as it is in the home state)

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Tennessee 4. September 28, 1998
(State of Formation) (Date of Formation)

5. CT Corporation System
(Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Road
(Street Address of Registered Office)

Plantation, Florida 33324
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

Dale W. Morris **DALE W. MORRIS**
(Agent must sign on this line) **ASSISTANT VICE PRESIDENT**

8. One Burton Hills, Blvd., Suite 350, Nashville, TN 37215

(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS STREET ADDRESS

AmSurg FL EyeCare Network, Inc. One Burton Hills Blvd., Suite 350 Nashville, TN 37215

F9800005858

10. One Burton Hills Blvd., Suite 350, Nashville, TN 37215
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

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SECRETARY OF CORPORATIONS
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12. One Burton Hills Blvd., Suite 350, Nashville, TN 37215

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 30th day of September, 19 98

Claire M. Gulmi
General Partner

STATE OF Tennessee

COUNTY OF Davidson

On this 30th day of September, 19 98

Claire M. Gulmi personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

Stefanii E. Trautvetter
(Notary Public Signature)

Stefanii E. Trautvetter
(Notary's Printed Name)

Seal My Commission Expires: November 24, 2001

AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP

BEFORE ME the undersigned personally appeared _____ on behalf of AmSurg FL EyeCare Network, Inc. a general partner of The Southeast EyeCare Network, Inc., 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 \$ 4,900.00.
- 2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 4,900.00.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 30th day of September, 1998.

[Signature]
General Partner

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 21 PM 12: 54

STATE OF Tennessee

COUNTY OF Davidson

On this 30th day of September, 1998,

Glaire M. Gulmi, personally appeared before me,

who is personally known to me

whose identity I proved on the basis of _____

[Signature]
(Notary Public Signature)

Stefanii E. Trantvetter
(Notary's Printed Name)

Seal My Commission Expires: November 24, 2001