

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B98000000618**

1. Entity Name

THE SOUTHEAST EYECARE NETWORK, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business ONE BURTON HILLS BLVD., SUITE 350 NASHVILLE TN 37215 | Mailing Address ONE BURTON HILLS BLVD., SUITE 350 NASHVILLE TN 37215-6104 |
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| 2. Principal Place of Business 20 Burton Hills Blvd. Suite, Apt. #, etc. 5th Floor | 3. Mailing Address 20 Burton Hills Blvd. Suite, Apt. #, etc. 5th Floor |
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|--------------------------------------|--------------------------------------|------------------------------------|--|
| City & State Nashville, TN | City & State Nashville, TN | 4. FEI Number 62-1755169 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 37215 | Country U.S.A. | Zip 37215 | Country U.S.A. |

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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| 9. Capital Contributions as Shown on record. \$4,900.00 | 10. Amount of Capital Contributions in FLORIDA to date. 4,900 | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION | | 13. ADDRESS CHANGES ONLY | |
|---|--|-----------------------------------|--|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | F98000005858 AMSURG FL EYECARE NETWORK, INC. ONE BURTON HILLS BLVD., SUITE 350 NASHVILLE TN 37215 | STREET ADDRESS CITY - ST - ZIP | 20 Burton Hills Blvd, 5th Floor Nashville, TN 37215 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS CITY - ST - ZIP | |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Clair M. Gumi* **Clair M. Gumi, Treas./Sec.** 4/26/00 615-665-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **AMSURG FL EYECARE NETWORK, INC.** Date Daytime Phone #

CF (10-1-1999)