# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 12, 2000 8:00 am**
**Secretary of State**
09-12-2000 90238 030 ***150.00

DOCUMENT # F98000005444

1. Entity Name
AMBULATORY RESOURCE CENTRES MANAGEMENT SERVICES,

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 20 BURTON HILLS BOULEVARD. SUITE 100<br>NASHVILLE TN 37215 | 20 BURTON HILLS BOULEVARD. SUITE 100<br>NASHVILLE TN 37215 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3401 West End Ave | 3401 West End Ave |
| Suite, Apt. #, etc.: Ste. 120 | Suite, Apt. #, etc.: Ste. 120 |
| City & State: Nashville TN | City & State: Nashville, TN |
| Zip: 37203 Country: USA | Zip: 37203 Country: USA |

4. FEI Number 62-1736048 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| NRAI SERVICES, INC.<br>526 E. PARK AVENUE<br>TALLAHASSEE FL 32301 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

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

| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒ | **FILE NOW!!! FEE IS $550.00**<br>**After SEPTEMBER 13, 2000 Min. will be $750.00**<br>**Make Check Payable to Department of State** | 10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees |
|---|---|---|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WEBB, WILLIAM V<br>20 BURTON HILLS BOULEVARD, SUITE 100<br>NASHVILLE TN 37215 | ☐ Delete | D/V<br>Webb, William V. B.<br>3401 West End, Ste. 760<br>Nashville TN 37203 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>EYLER, JERRY M<br>20 BURTON HILLS BOULEVARD, SUITE 100<br>NASHVILLE TN 37215 | ☒ Delete | V/S<br>Ron Brank<br>3401 Westend Ave, Ste 120<br>Nashville TN 37203 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>SPALDING, JAMES H<br>20 BURTON HILLS BOULEVARD, SUITE 100<br>NASHVILLE TN 37215 | ☒ Delete | D<br>Clifford G. Adlerz<br>3401 West End Ave, Ste 760<br>Nashville TN 37203 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>NEAL, CHARLES T<br>20 BURTON HILLS BOULEVARD, SUITE 100<br>NASHVILLE TN 37215 | ☐ Delete | P<br>Neal, Charles T.<br>3401 West End Ave., Ste 120<br>Nashville TN 37203 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VC<br>GOULD, J. M<br>20 BURTON HILLS BOULEVARD, SUITE 100<br>NASHVILLE TN 37215 | ☒ Delete | D<br>R. Dale Kennedy<br>3401 West End Ave, Ste. 760<br>Nashville TN 37203 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>MARTIN, CHARLES N JR<br>20 BURTON HILLS BOULEVARD, SUITE 100<br>NASHVILLE TN 37215 | ☒ Delete | | ☐ Change ☐ Addition |

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 8/28/00 234-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR - 07.4.(1)(a)

Attachment
# F98000005444
A0076871

SYMBION, INC.

August 28, 2000

Department of State – Florida
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

The purpose of this letter is to inform you that the fees paid for the enclosed Uniform Business Report do not include the late charge of $400. Due to a merger that occurred in 1999 that included the corporation for which this report is being filed, the UBR report was sent to the incorrect address and was not received at the new address until July or later. Through the various activities that occur with the merger, we overlooked the need to forward our new address to the State of florida. Please forgive our omissions and accept the fee of $150 as adequate for the current year dues. Our address will now be correct for your records.

Sincerely,

Barbara Hale

Barbara Hale
Finance Department

3401 WEST END AVENUE • NASHVILLE TN • 37203
PHONE: 615-234-5925 • FAX: 615-234-5998