

Document Number Only

395000000083

C T CORPORATION SYSTEM

Requestor's Name

1311 Executive Center Drive, ste. 200

Address

Tallahassee, FL. 32301 (904) 656-6298
City State Zip Phone

CORPORATION(S) NAME

6000001422846

-03/17/95--01035--010

***1785.00 ***1785.00

AmSurg Southwest Florida, L.P.

d/b/a

AmSurg Southwest Florida, Limited Partnership

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution/Withdrawal

☐ Mark

☒ Limited Partnership

☐ Restatement

☐ Annual Report

☐ Reservation

☐ Other

☐ Change of R.A.

☐ Certified Copy

☐ Photo Copies

☐ Fictitious Name

☐ CUS / G/S

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name	
Availability	3/7
Document Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

3/10/95 - 3/10/95
3:00

PLEASE RETURN EXTRA COPY(S)
FILE STAMPED

C. TAX	
FILING	17.52.00
R. AGENT FEE	25.00
C. COPY	
TOTAL	1785.00
N. EXAM	
BALANCE DUE	
REMARKS	

CN2E031 (1-89)

Florida Department of State, Jim Smith, Secretary of State

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

1. AmSurg Southwest Florida, L.P.
(Name of limited partnership as it is in the home state;

2. AmSurg Southwest Florida, Limited Partnership
(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 30, 1994
(State of Formation) (Date of Formation)

5. C T CORPORATION SYSTEM
(Name of Registered Agent for Service of Process)

6. c/o C T Corporation System, 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.

Connie Bryan
(Officer must sign on this line)
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
(Type Name and Title of Officer)

8. 102 Woodmont Boulevard, Suite 500, Nashville, TN 37205
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

AmSurg SWFLA, Inc.

SPECIFIC ADDRESS

102 Woodmont Boulevard

Suite 500

Nashville, TN 37205

10. 102 Woodmont Boulevard, Suite 500, Nashville, TN 37205
(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 cancelled or withdrawn.

12. 102 Woodmont Boulevard, Suite 500, Nashville, TN 37205
(Mailing Address of Limited Partnership)

This 1st day of March, 19 95.

Claire J. Gulmi
General Partner
AmSurg SWFLA, Inc., by Claire Gulmi

FILED
SECRETARY OF CORPORATIONS
DIVISION
95 MAR 10 PM 1:03

STATE OF Tennessee

COUNTY OF Davidson

THE FOREGOING instrument was acknowledged and sworn to before me this 1st day of March, 19 95, by C. Gulmi of AmSurg SWFLA, Inc. (Name of General Partner) of AmSurg Southwest Florida, L.P. (Name of Limited Partnership), A Tennessee (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Brady Col
Notary Public
State of Tennessee at Large

(SEAL)

My Commission Expires:

November 22, 1997

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Claire M. Gulmi, an officer of, a general partner of AmSurg Southwest Florida, 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 \$ 1,343,727.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 1,343,727.

This 1st day of March, 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

Claire M. Gulmi
AmSurg SWFLA, Inc., by Claire M. Gulmi

STATE OF TENNESSEE
COUNTY OF DAVIDSON
DATE March 1, 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 Claire Gulmi of AmSurg SWFLA, 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 1st day of March, 1995.

Brad Col
Notary Public

Seal

State of Tennessee at Large
My Commission Expires:
November 22, 1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 PM 04

B 95000000083

OFFICE USE ONLY (Document #)

Amsurg Southwest Florida Limited Partnership
(Requestor's Name)

102 Woodmont Blvd, Ste 500
(Address)

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

000001693930
-01/22/96--01007--001
***1207.47 ***1207.47

OFFICE USE ONLY

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

000001693930
-01/22/96--01007--002
*****542.51 *****542.51

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
SHREVEPORT
TALLAHASSEE
FLORIDA

NEW FILINGS	
	Profit
	NonProfit
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/ QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

C. TAY
FEE 1750.00
RECORD

Examiner's Initials

SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
FOR A FOREIGN LIMITED PARTNERSHIP

The undersigned general partners of Amsurg Southwest Florida, 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 \$3,000,000.00.

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 SWFLA, Inc., General Partner

FILED
96 JAN 16 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 Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN 19 AM 10 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000083

AMSURG SOUTHWEST FLORIDA, LIMITED PARTNERSHIP

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

500001694165

-01/22/96--01019--013

City, State & Zip

******397.61 ****397.61**

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

500001694165

-01/22/96--01019--014

City, State & Zip

******178.64 ****178.64**

3. Date Formed or Registered to Do Business in
FLORIDA

03/10/1995

3a. Date of Last Report

4. State or Country of Formation

TN

5a. Capital Contributions as Shown
on Record

\$1,343,727.00

5b. Amount of Capital Contributions in
FLORIDA to date.

\$3,000,000.00

6. FEI Number

62-1579630

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 607.103, 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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

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

Suite, 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 SWFLA, 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. Registry/
Document Number

F05000001150

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 effects 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

Claire M. Gulmi, Vice President

DATE

DEC. 14, 1995

Typed or Printed Name of General Partner Signing Form

AmSurg SW FLA, Inc.

Telephone Number **(615) 385-1050**

0000002

CR2E003 (6/95)

**CORPORATE
ACCESS,
INC.**

B95000000083

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

P.O. Box 37066 (32315-7066) ~ (904) 222-2666 or (800) 969-7666 . Fax (904) 222-1666

WALK IN

PICK UP

10/14/97



CERTIFIED COPY

CUS

PHOTO COPY

FILING

Cancellation / in A

1.) Amisura Southwest Florida, 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 #)

G. TAX

FILING

R. AGENT FEE

G. COPY

TOTAL

N. NAME

BALANCE DUE

RECEIVED

52.50

22.50

500002323253 -- 1
-10/17/97--01082--011
*****52.50 *****52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 14 AM 10:26

RECEIVED
DIVISION OF CORPORATION
97 OCT 14 AM 10:04

10/14/97

SPECIAL INSTRUCTIONS

"When you need ACCESS to the world"
CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

**CERTIFICATE OF CANCELLATION
FOR**

AMSURG SOUTHWEST FLORIDA, L.P.

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 OCT 14 AM 10:26

STATE OF TENNESSEE

COUNTY OF DAVIDSON

On this 10th day of October, 19 97, Claire M. Gulmi
personally appeared before me,

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

AMSURG SWFLA, INC. (Corporate General Partner)

X Claire M. Gulmi

Kathleen P. Sellers

Notary Public Signature

Kathleen P. Sellers

Notary's Printed Name

Seal

My Commission Expires: 11/27/99