

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000502

1. Entity Name

THE GI NETWORK OF SOUTH FLORIDA, L.P.

Principal Place of Business

20 BURTON HILLS BLVD., 5TH FLOOR
NASHVILLE TN 37215

Mailing Address

20 BURTON HILLS BLVD., 5TH FLOOR
NASHVILLE TN 37215

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1647398

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

Name

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

City

FL

Zip Code

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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. Capital Contributions
as Shown on record.

\$200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$ 200,000

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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

DOCUMENT #

F96000006822

NAME

AMSURG SOUTH FLORIDA NETWORK, INC.

STREET ADDRESS

20 BURTON HILLS BLVD., STE 350

CITY-ST-ZIP

NASHVILLE TN 37215

DOCUMENT #

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STREET ADDRESS

CITY-ST-ZIP

13.

ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Claire M. Guimi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Claire M. Guimi Treas/Sec 2/28/01 615-665-1283
AmSurg South Florida Network, Inc. Daytime Phone #

FILED

01 MAY -4 PM 12:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE