

2002 UNIFORM BUSINESS REPORT (UBR)

0016665 AT

DOCUMENT # B96000000502

1. Entity Name
THE GI NETWORK OF SOUTH FLORIDA, L.P.

FILED
02 MAY -6 PM 3: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DUE BY MAY 1, 2002

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

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

7. Name and Address of New Registered Agent

Name

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F96000006822	STREET ADDRESS	
NAME	AMSURG SOUTH FLORIDA NETWORK, INC.	CITY-ST-ZIP	
STREET ADDRESS	20 BURTON HILLS BLVD., STE 350		
CITY-ST-ZIP	NASHVILLE TN 37215		
DOCUMENT #		STREET ADDRESS	500005577385--2
NAME		CITY-ST-ZIP	-05/21/02--01062--014
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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. Gulmi* **Claire M. Gulmi, Treas./Sec.** **4/24/02** **615-665-1283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)