

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 04, 2004 08:00 AM
Secretary of State

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

04232004 Chg-LP CR2E003 (10/03)

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

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

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. I am familiar with and accept the obligations of registered agent.

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 **200,000.00**

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**
 NAME **AMSURG SOUTH FLORIDA NETWORK, INC.**
 STREET ADDRESS **20 BURTON HILLS BLVD., STE 350**
 CITY-ST-ZIP **NASHVILLE, TN 37215**

STREET ADDRESS
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 05/10/04-80034-006 526.25

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** 4/26/04 615-665-1283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Amsurg South Florida Network, Inc.

STAPLE CHECK HERE