


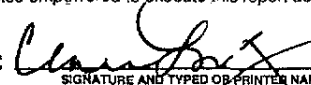
2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 16, 2005 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			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State		4. FEI Number 62-1647398	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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		STREET ADDRESS	05/16/05-80033-002 526.25	
NAME	AMSURG SOUTH FLORIDA NETWORK, INC.		CITY-ST-ZIP		
STREET ADDRESS	20 BURTON HILLS BLVD., STE 350		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Gulina, Sec./Treas.** **4/26/05** **615-665-1283**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

AmSurg South Florida Network, Inc.