

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 08, 2006 08:00 A**  
**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



04182006 No Chg-LP

CR2E003 (11/05)

**4. FEI Number**

62-1647398

**Applied For**

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

**DATE**

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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**

**DOCUMENT #** F96000006822  
**NAME** AMSURG SOUTH FLORIDA NETWORK, INC.  
**STREET ADDRESS** 20 BURTON HILLS BLVD., STE 350  
**CITY-ST-ZIP** NASHVILLE, TN 37215

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**14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/29/06

Date

615-665-1283

Daytime Phone #

STAPLE CHECK HERE