

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

DOCUMENT # B97000000266

1. Entity Name  
 THE PALMETTO ASC, 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  
 62-1647406

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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. 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

9. Capital Contributions  
 as Shown on record \$1,500,000.00

10. Amount of Capital Contributions  
 in FLORIDA to date 1,500,000.00

**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

DOCUMENT # F97000002858  
 NAME AMSURG PALMETTO, INC.  
 STREET ADDRESS 20 BURTON HILLS BLVD., 5TH FLOOR  
 CITY-ST-ZIP NASHVILLE, TN 37215

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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. Gylmi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Claire M. Gylmi* 4/26/04 615-665-1283  
 Am Surg Palmetto, Inc. Date Daytime Phone #

STAPLE CHECK HERE