

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000618

1. Entity Name

THE SOUTHEAST EYECARE NETWORK, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

100 MAY -3 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business

ONE BURTON HILLS BLVD., SUITE 350
NASHVILLE TN 37215

Mailing Address

ONE BURTON HILLS BLVD., SUITE 350
NASHVILLE TN 37215-6104

2. Principal Place of Business

20 Burton Hills Blvd.

3. Mailing Address

20 Burton Hills Blvd.

Suite, Apt. #, etc.

5th Floor

Suite, Apt. #, etc.

5th Floor

City & State

Nashville, TN

City & State

Nashville, TN

4. FEI Number

62-1755169

Applied For

Not Applicable

Zip

37215

Country

U.S.A.

Zip

37215

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$4,900.00

10. Amount of Capital Contributions
in FLORIDA to date.

4,900

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

DOCUMENT # F98000005858
NAME AMSURG FL EYECARE NETWORK, INC.
STREET ADDRESS ONE BURTON HILLS BLVD., SUITE 350
CITY - ST - ZIP NASHVILLE TN 37215

13. ADDRESS CHANGES ONLY

STREET ADDRESS

20 Burton Hills Blvd, 5th Floor

CITY - ST - ZIP

Nashville, TN 37215

DOCUMENT #
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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)(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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
AMSURG FL EYECARE NETWORK, INC.

4/26/00

Date

615-665-1283

Daytime Phone #

669 (11)