

2002 UNIFORM BUSINESS REPORT (UBR)

0016970 AI

DOCUMENT # **B98000000618**

1. Entity Name

THE SOUTHEAST EYECARE NETWORK, L.P.

FILED

02 MAY -6 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

62-1755169

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F98000005858**
NAME **AMSURG FL EYECARE NETWORK, INC.**
STREET ADDRESS **20 BURTON HILLS BLVD., 5TH FLOOR**
CITY-ST-ZIP **NASHVILLE TN 37215**

STREET ADDRESS

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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. Gulmi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Claire M. Gulmi, Treas./Sec.

4/24/02

615-665-1283

Date

Daytime Phone #

CR2E003 (9/01)