

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # B98000000660

1. Entity Name
THE NAPLES ENDOSCOPY 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

Suite, Apt #, etc

Suite, Apt #, etc

04232004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

Applied For

62-1760254

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. 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. **\$3,251,145.00**

10. Amount of Capital Contributions
in FLORIDA to date **3,251,145.00**

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 # **F98000006325**
NAME **AMSURG NAPLES, INC.**
STREET ADDRESS **20 BURTON HILLS BLVD., 5TH FLOOR**
CITY-STATE-ZIP **NASHVILLE, TN 37215**

STREET ADDRESS

CITY-STATE-ZIP

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STREET ADDRESS

CITY-STATE-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. Gulni*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Claire M. Gulni
Amsurg Naples, Inc.

4/26/04

615-665-1283

Daytime Phone

STAPLE CHECK HERE