

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**May 16, 2005 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.

04222005

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

**62-1760254**

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. 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-ST-ZIP **NASHVILLE, TN 37215**

STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
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 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
 CITY-ST-ZIP

**UN00000367366**  
**05/16/05 00033 015 526.25**

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 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)(f), 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*

**Claire M. Gulmi, Sec./Treas. 4/26/05 615-665-0283**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**Amsurg Naples, Inc.**

STAPLE CHECK HERE