

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004715

FILED
Apr 09, 2009
Secretary of State

Entity Name: AMSURG NEW PORT RICHEY FL, INC.

Current Principal Place of Business:

20 BURTON HILLS BLVD.
5TH FLOOR
NASHVILLE, TN 37215

New Principal Place of Business:

Current Mailing Address:

20 BURTON HILLS BLVD.
5TH FLOOR
NASHVILLE, TN 37215

New Mailing Address:

FEI Number: 62-1666190 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLDAN, CHRISOPHER A
Address: 20 BURTON HILLS BLVD-5TH FLOOR
City-St-Zip: NASHVILLE, TN 37215

Title: D () Delete
Name: BILLIE, PAYNE
Address: 20 BURTON HILLS BLVD- 9TH FLOOR
City-St-Zip: NASHVILLE, TN 37215

Title: STD () Delete
Name: GULMI, CLAIRE M
Address: 20 BURTON HILLS BLVD., 5TH FLOOR
City-St-Zip: NASHVILLE, TN 37215

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLDEN, CHRISOPHER A
Address: 20 BURTON HILLS BLVD-5TH FLOOR
City-St-Zip: NASHVILLE, TN 37215

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAIRE GULMI

STD

04/09/2009

Electronic Signature of Signing Officer or Director

_____ Date