

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F97000002858**

1. Entity Name

AMSURG PALMETTO, INC.**FILED**
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90043 046 ***150.00

Principal Place of Business

**ONE BURTON HILLS BLVD., #350
NASHVILLE TN 37215**

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. or Other Location
**20 Burton Hills Blvd.
5th Floor**Suite, Apt. or Other Location
**20 Burton Hills Blvd.
5th Floor**City & State
Nashville, TN 37215City & State
Nashville, TN 37215

Zip

Country

U.S.A.

Zip

Country

U.S.A.

4. FEI Number

62-1647404

Applied For

Not Applicable

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, KEN ONE BURTON HILLS BLVD., #350 NASHVILLE TN 37215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 Burton Hills Blvd., 5th Floor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GULMI, CLAIRE M ONE BURTON HILLS BLVD., #350 NASHVILLE TN 37215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 Burton Hills Blvd., 5th Floor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HARRELL, ROYCE D ONE BURTON HILLS BLVD., #350 NASHVILLE TN 37215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 Burton Hills Blvd., 5th Floor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUNN, RODNEY ONE BURTON HILLS BLVD., #350 NASHVILLE TN 37215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 Burton Hills Blvd., 5th Floor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINKER, CYNTHIA ONE BURTON HILLS BLVD., #350 NASHVILLE TN 37215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 Burton Hills Blvd., 5th Floor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAYNE, BILLIE ONE BURTON HILLS BLVD, STE #350 NASHVILLE TN 37215	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	20 Burton Hills Blvd., 5th Floor	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claire M. Gulmi, Treas./Sec.**4/27/00**

Date

615-665-1283

Daytime Phone #