F97000002858

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| Certified Copies | ies Certificates of Status | | |
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| Special Instructions to | Filing Officer: | | |
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COVER LETTER

| Division of Corporations | | | |
|---|--|--|--|
| SUBJECT: AmSurg Palmetto, Inc. (Name of Corporation) | | | |
| DOCUMENT NUMBER: F97000002858 | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Stephanie Thomas (Name of Contact Person) | | | |
| Paranet Corporation Services | | | |
| (Firm/Company) | | | |
| 3761 Venture Drive, Suite 260 (Address) | | | |
| Duluth, GA 30096 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Stephanie Thomas at (800) 277-9977 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | |
| Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of ch | e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nange is submitted for a corporation organized under the laws of the State ofTennesseeler to change its registered office or registered agent, or both, in the State of Florida. | |
|--|---|-------|
| 1. The name of | f the corporation: AmSurg Palmetto, Inc. | |
| 2. The principal | office address: 20 Burton Hills Blvd., 5th Floor, Nashville, TN 37215 | _ |
| 3. The mailing a | address (if different): | _ |
| 4. Date of incor | rporation/qualification: 06/02/97 Document number: F9700002858 | _ |
| 5. The name and | nd street address of the current registered agent and registered office on file with the artment of State: | |
| | CT Corporation System | |
| | 1200 S. Pine Island Rd. | |
| | Plantation, FL 33324 | 7 |
| 6. The name and (if changed): | 1200 S. Pine Island Rd. Plantation, FL 33324 and street address of the new registered agent (if changed) and /or registered office NRAI Services, Inc. | FILED |
| | NRAI Services, Inc. | 2 |
| | 2731 Executive Park Drive, Suite 4 (P.O. Box NOT acceptable) | כ |
| | Weston, FL 33331 | |
| The street addr | ress of its registered office and the street address of the business office of its registered agent, II be identical. | |
| _ | vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. | |
| lla | Claire M. Gulmi, Secretary (Printed or typed name and title) | |
| I hereby accept I further agree of my duties, an document is be corporation ha | of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this capacity is a change in the registered office address, I hereby confirm that the as been notified in writing of this change. | |
| Stephas | Signature of Registered Agent) 12/6/06 (Date) | |
| V If signing on be | ehalf of an entity: | |
| Stephanie T | Thomas, Special Asst. Secy. | |
| (| (Typed or Printed Name) | |

* * * FILING FEE: \$35.00 * * *