



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000003584</b> 1. Entity Name AMSURG HOLDINGS, INC.	
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Principal Place of Business 20 BURTON HILLS BLVD 5TH FL NASHVILLE, TN 37215	Mailing Address 20 BURTON HILLS BLVD 5TH FL NASHVILLE, TN 37215
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**DO NOT WRITE IN THIS SPACE**



02012007 No Chg-P CR2E034 (11/05)

4. FEI Number 62-1595888	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCDONALD, KEN 20 BURTON HILLS BLVD, FIFTH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST GULMI, CLAIRE M 20 BURTON HILLS BLVD, FIFTH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HARRELL, ROYCE D 20 BURTON HILLS BLVD, FIFTH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MANNING, DAVID L 20 BURTON HILLS BLVD, FIFTH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PAYNE, BILLIE 20 BURTON HILLS BLVD, FIFTH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V COLL. FRANK J 20 BURTON HILLS BLVD, FIFTH FLOOR NASHVILLE, TN 37215

U00000761494  
05/25/07-80057-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  4/27/07 615-665-1283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #