

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000000755 (7)

1. Corporation Name
AMSURG ENT BREVARD, INC.



Principal Place of Business
**ONE BURTON HILLS BLVD
 SUITE 350
 NASHVILLE TN 37215
 US**

Mailing Address
**ONE BURTON HILLS BLVD
 SUITE 350
 NASHVILLE TN 37215-6104
 US**

3. Date Incorporated or Qualified **02/15/1995** 3a. Date of Last Report **05/01/1996**
 4. FEI Number **62-1555412** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21. State, Apt. #, etc. 26. State, Apt. #, etc.
 22. City & State 27. City & State
 23. Zip Country 28. Zip Country
 24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	CIGARRAN, THOMAS G.	
STREET ADDRESS	ONE BURTON HILLS BLVD.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERR, HENRY D	
STREET ADDRESS	ONE BURTON HILLS BLVD.	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GULMI, CLAIRE M	
STREET ADDRESS	ONE BURTON HILLS BLVD	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HARRELL, ROYCE G	
STREET ADDRESS	ONE BURTON HILLS BLVD	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUNN, RODNEY H	
STREET ADDRESS	ONE BURTON HILLS BLVD	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, KEN	
STREET ADDRESS	ONE BURTON HILLS BLVD	
CITY-ST-ZIP	NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Rodney H. Lunn	
1.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350	
1.4 CITY-ST-ZIP	Nashville, TN 37215	
2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kenneth P. McDonald	
2.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350	
2.4 CITY-ST-ZIP	Nashville, TN 37215	
3.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Claire M. Gulmi	
3.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350	
3.4 CITY-ST-ZIP	Nashville, TN 37215	
4.1 TITLE	V/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Royce D. Harrell	
4.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350	
4.4 CITY-ST-ZIP	Nashville, TN 37215	
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Cynthia L. Winker	
5.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350	
5.4 CITY-ST-ZIP	Nashville, TN 37215	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Claire M. Gulmi* sec/TREASURER Date: *4/29/97* Daytime Phone #: **(615) 665-1283**

CR2E034 (9/96)