

**.FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **F95000001159 (1)**

1. Corporation Name

**AMSURG SWFLA, INC.**



Principal Place of Business

**102 WOODMONT BLVD.  
SUITE 500  
NASHVILLE TN 37205**

Mailing Address

**102 WOODMONT BLVD.  
SUITE 500  
NASHVILLE TN 37205**

2. Principal Place of Business

21 **One Burton Hills Blvd.**

Suite, Apt. #, etc.

22 **Suite 350**

23 City & State  
**Nashville, TN**

24 Zip  
**37215**

25 Country  
**Davidson**

2a. Mailing Address

26 **One Burton Hills Blvd.**

Suite, Apt. #, etc.

27 **Suite 350**

28 City & State  
**Nashville, TN**

29 Zip  
**37215**

30 Country  
**Davidson**

3. Date Incorporated or Qualified

**03/10/1995**

3a. Date of Last Report

4. FEI Number

**62-1567628**

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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

Signature, typed or printed name of registered agent and the filer, if applicable.

(NOTE: Registered Agent signature required when not signing.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CIGARRAN, THOMAS G</b>	
STREET ADDRESS	<b>ONE BURTON HILLS BLVD.</b>	
CITY-STATE-ZIP	<b>NASHVILLE TN 37215</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>HERR, HENRY D</b>	
STREET ADDRESS	<b>ONE BURTON HILLS BLVD.</b>	
CITY-STATE-ZIP	<b>NASHVILLE TN 37215</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>GULMI, CLAIRE M</b>	
STREET ADDRESS	<b>102 WOODMONT BLVD.</b>	
CITY-STATE-ZIP	<b>NASHVILLE TN 37205</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>HARRELL, ROYCE G</b>	
STREET ADDRESS	<b>102 WOODMONT BLVD.</b>	
CITY-STATE-ZIP	<b>NASHVILLE TN 37205</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-STATE-ZIP		
2. TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>Herr, Henry D.</b>	
23 STREET ADDRESS	<b>One Burton Hills Blvd.</b>	
24 CITY-STATE-ZIP	<b>Nashville, TN 37215</b>	
3. TITLE	<b>VT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<b>Gulmi, Claire M.</b>	
33 STREET ADDRESS	<b>One Burton Hills Blvd.</b>	
34 CITY-STATE-ZIP	<b>Nashville, TN 37215</b>	
4. TITLE	<b>VS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>Harrell, Royce D.</b>	
43 STREET ADDRESS	<b>One Burton Hills Blvd.</b>	
44 CITY-STATE-ZIP	<b>Nashville, TN 37215</b>	
5. TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>McDonald, Ken</b>	
53 STREET ADDRESS	<b>One Burton Hills Blvd.</b>	
54 CITY-STATE-ZIP	<b>Nashville, TN 37215</b>	
6. TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	<b>Lunn, Rodney H.</b>	
63 STREET ADDRESS	<b>One Burton Hills Blvd.</b>	
64 CITY-STATE-ZIP	<b>Nashville, TN 37215</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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*

Vice - President

04/29/96

(615) 385 -1050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)