

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 # F95000001159 (1)

1. Corporation Name

AMSURG SWFLA, 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
03/10/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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, type or printed name of registered agent (and title if applicable)

(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 37215	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HERR, HENRY D	
STREET ADDRESS	ONE BURTON HILLS BLVD.	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GULMI, CLAIRE M	
STREET ADDRESS	102 WOODMONT BLVD.	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HARRELL, ROYCE G	
STREET ADDRESS	102 WOODMONT BLVD.	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCDONALD, KEN	
STREET ADDRESS	ONE BURTON HILLS BLVD	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LUNN, RODNEY H	
STREET ADDRESS	ONE BURTON HILLS BLVD	
CITY-ST-ZIP	NASHVILLE TN 37215	

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:

Clem H. J... *sd/treasurer* 4/29/97

(615) 665-1283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)