

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
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DOCUMENT # F95000002059 (2)

1. Corporation Name
AMSURG MIAMI, 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
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3. Date Incorporated or Qualified 04/27/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Same Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 62-1598504	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input type="checkbox"/> DELETE	1.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HERR, HENRY D.		1.2 NAME Rodney H. Lunn	
STREET ADDRESS ONE BURTON HILLS BLVD		1.3 STREET ADDRESS One Burton Hills Blvd., Ste 350	
CITY - ST - ZIP NASHVILLE TN		1.4 CITY - ST - ZIP Nashville, TN 37215	
TITLE P	<input type="checkbox"/> DELETE	2.1 TITLE P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CIGARRAN, THOMAS G		2.2 NAME Kenneth P. McDonald	
STREET ADDRESS ONE BURTON HILLS BLVD.		2.3 STREET ADDRESS One Burton Hills Blvd., Ste 350	
CITY - ST - ZIP NASHVILLE TN 37215		2.4 CITY - ST - ZIP Nashville, TN 37215	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCDONALD, KEN		3.2 NAME Claire M. Gulmi	
STREET ADDRESS ONE BURTON HILLS BLVD		3.3 STREET ADDRESS One Burton Hills Blvd., Ste 350	
CITY - ST - ZIP NASHVILLE TN		3.4 CITY - ST - ZIP Nashville, TN 37215	
TITLE VT	<input type="checkbox"/> DELETE	4.1 TITLE V/D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GULMI, CLAIRE M		4.2 NAME Royce D. Harrell	
STREET ADDRESS ONE BURTON HILLS BLVD		4.3 STREET ADDRESS One Burton Hills Blvd., Ste 350	
CITY - ST - ZIP NASHVILLE TN		4.4 CITY - ST - ZIP Nashville, TN 37215	
TITLE VS	<input type="checkbox"/> DELETE	5.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARRELL, ROYCE D		5.2 NAME Cynthia L. Winker	
STREET ADDRESS ONE BURTON HILLS BLVD		5.3 STREET ADDRESS One Burton Hills Blvd., Ste 350	
CITY - ST - ZIP NASHVILLE TN		5.4 CITY - ST - ZIP Nashville, TN 37215	
TITLE DC	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUNN, RODNEY H		6.2 NAME	
STREET ADDRESS ONE BURTON HILLS BLVD		6.3 STREET ADDRESS	
CITY - ST - ZIP NASHVILLE TN		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 4/29/97 (615) 665-1283
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)