

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

FILED

**May 15 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 04/27/1995	
4. FEI Number 62-1598504	Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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	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	SD 2 <input checked="" type="checkbox"/> DELETE
NAME	HERR, HENRY D.
STREET ADDRESS	ONE BURTON HILLS BLVD
CITY-ST-ZIP	NASHVILLE TN
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	CIGARRAN, THOMAS G
STREET ADDRESS	ONE BURTON HILLS BLVD.
CITY-ST-ZIP	NASHVILLE TN 37215
TITLE	PD <input type="checkbox"/> DELETE
NAME	MCDONALD, KEN
STREET ADDRESS	ONE BURTON HILLS BLVD
CITY-ST-ZIP	NASHVILLE TN
TITLE	STD <input type="checkbox"/> DELETE
NAME	GULMI, CLAIRE M
STREET ADDRESS	ONE BURTON HILLS BLVD
CITY-ST-ZIP	NASHVILLE TN
TITLE	VDS <input type="checkbox"/> DELETE
NAME	HARRELL, ROYCE D
STREET ADDRESS	ONE BURTON HILLS BLVD
CITY-ST-ZIP	NASHVILLE TN
TITLE	V <input type="checkbox"/> DELETE
NAME	LUNN, RODNEY H
STREET ADDRESS	1 BURTON HILLS BLVD #350
CITY-ST-ZIP	NASHVILLE TN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WINKER, CYNTHIA A.
1.3 STREET ADDRESS	ONE BURTON HILLS BLVD
1.4 CITY-ST-ZIP	NASHVILLE, TN
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

CR2E034 (10/97)