
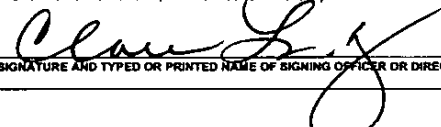


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90185 046 \*\*\*150.00

DOCUMENT # F95000002059					
1. Entity Name AMSURG MIAMI, INC.					
Principal Place of Business 20 BURTON HILLS BLVD 5TH FLOOR NASHVILLE, TN 37215 US			Mailing Address 20 BURTON HILLS BLVD 5TH FLOOR NASHVILLE, TN 37215 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	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. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINKER, CYNTHIA A.		NAME	EASTRIDGE, KEVIN D	
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR		STREET ADDRESS	20 BURTON HILLS BLVD 5TH FLOOR	
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, KEN		NAME		
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULMI, CLAIRE M		NAME		
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, ROYCE D		NAME		
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING, DAVID L		NAME		
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLL, FRANK J		NAME		
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/24/06		615-665-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #