


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



02012007 No Chg-P CR2E034 (11/05)

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. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
STE 4
WESTON, FL 33331**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, KEN 20 BURTON HILLS BLVD, 5TH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GULMI, CLAIRE M 20 BURTON HILLS BLVD, 5TH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRELL, ROYCE D 20 BURTON HILLS BLVD, 5TH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANNING, DAVID L 20 BURTON HILLS BLVD, 5TH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COLL, FRANK J 20 BURTON HILLS BLVD, 5TH FLOOR NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/25/07-80057-011 150.00

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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: *Claire Gulmi* 4/27/07 615-665-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #