


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 # F96000000769 (7) 1. Corporation Name: AMSURG DADE COUNTY, INC.			
Principal Place of Business 102 WOODMONT BOULEVARD, SUITE 500 NASHVILLE TN 37205		Mailing Address 102 WOODMONT BOULEVARD, SUITE 500 NASHVILLE TN 37205-2221	
2. Principal Place of Business 21 One Burton Hills Blvd Suite, Apt. #, etc. 22 Suite 350 City & State 23 Nashville, TN Zip 24 37215		2a. Mailing Address 26 One Burton Hills Blvd Suite, Apt. #, etc. 27 Suite 350 City & State 28 Nashville, TN Zip 29 37215 Country 30 US	
3. Date Incorporated or Qualified 02/15/1996		3a. Date of Last Report	
4. FEI Number 62-1626021		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 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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	P	1.1 TITLE	V
NAME	CIGARRAN, TOM	1.2 NAME	Rodney H. Lunn
STREET ADDRESS	102 WOODMONT BLVD SUITE 500	1.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350
CITY- ST- ZIP	NASHVILLE TN 37205	1.4 CITY- ST- ZIP	Nashville, TN 37215
TITLE	SD	2.1 TITLE	P/D
NAME	HERR, HENRY	2.2 NAME	Kenneth P. McDonald
STREET ADDRESS	102 WOODMONT BLVD SUITE 500	2.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350
CITY- ST- ZIP	NASHVILLE TN 37205	2.4 CITY- ST- ZIP	Nashville, TN 37215
TITLE	VT	3.1 TITLE	S/T/D
NAME	GULMI, CLAIRE	3.2 NAME	Claire M. Gulmi
STREET ADDRESS	102 WOODMONT BLVD SUITE 500	3.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350
CITY- ST- ZIP	NASHVILLE TN 37205	3.4 CITY- ST- ZIP	Nashville, TN 37215
TITLE	ASV	4.1 TITLE	V/D/S
NAME	HARRELL, ROYCE	4.2 NAME	Royce D. Harrell
STREET ADDRESS	102 WOODMONT BLVD SUITE 500	4.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350
CITY- ST- ZIP	NASHVILLE TN 37205	4.4 CITY- ST- ZIP	Nashville, TN 37215
TITLE	V	5.1 TITLE	V
NAME	MCDONALD, KEN	5.2 NAME	Cynthia L. Winker
STREET ADDRESS	102 WOODMONT BLVD SUITE 500	5.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350
CITY- ST- ZIP	NASHVILLE TN 37205	5.4 CITY- ST- ZIP	Nashville, TN 37215
TITLE	D	6.1 TITLE	
NAME	LUNN, RODNEY H	6.2 NAME	
STREET ADDRESS	102 WOODMONT BLVD SUITE 500	6.3 STREET ADDRESS	
CITY- ST- ZIP	NASHVILLE TN 37205	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: <i>Clem Lunn</i>		Date: 4/29/97	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: (615) 665-1283	



CR2E034 (9/96)