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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600000769 (7)

AMSURG DADE COUNTY, INC.

FILED May 15 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 1 BURTON HILLS BLVD #350 1 BURTON HILLS BLVD STE 350 NASHVILLE TN 37215 NASHVILLE TN 37215 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 62-1626021 Not Applicable 21 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country *2*10 Country This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 **B**3 84 City 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) Signature, typical or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 X DELETE Change X Addition TITLE 1.1 TITLE CIGARRAN, TOM WINKER, CYNTHIA A. NAME 1.2 NAME 102 WOODMONT BLVD SUITE 500 ONE BURTON HILLS BLVD. STREET ADDRESS 1.3 STREET ADDRESS SUITE 350 NASHVILLE TN 37205 NASHVILLE, TN 37215 1.4 CITY-ST-ZIP CITY-ST-ZIP T DELETE SD ☐ Change Addition TITLE 2.1 TITLE **HE**RR, HENRY NAME 2.2 NAME **102 WOODMONT BLVD SUITE 500** STREET ADORESS 2.3 STREET ADDRESS NASHVILLE TN 37205 CITY-ST-ZIP 2. 4 CITY - ST - ZIP STD DELETE Change Addition TITLE 3.1 T(TLE **GULMI, CLAIRE 3.2 NAME** 1 BURTON HILLS BLVD STE 350 STREET ADDRESS 3.3 STREET ADDRESS **NASHVILLE TN** CITY-ST-ZIP 3.4. CITY-ST-ZIP **Change** ☐ DELETE ASVD Addition TITLE 4.1 TITLE HARRELL, ROYCE 4.2 NAME HARRELL, ROYCE D. NAME 102 WOODMONT BLVD SUITE 500 ONE BURTON HILLS BLVD, SUITE 350 STREET ADDRESS 4.3 STREET ADDRESS NASHVILLE TN 37205 NASHVILLE, 37215 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE MCDONALD, KEN 5.2 NAME NAME 1 BURTON HILLS BLVD STE 350 STREET ADDRESS 5.3 STREET ADDRESS NASHVILLE TN 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE LUNN, RODNEY H NAME 6.2 NAME 1 BURTON HILLS BLVD STE350 STREET ADDRESS 6.3 STREET ADDRESS **NASHVILLE TN** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 13 if changed, or on an attachment with an address.

CICMATURE.

Qh.

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Im. Alulan

(615)665-1283