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THAY IT AM 9: 28
SECRETARY OF STATE

MAY 1 7 2017

S. PRATHER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: May 15, 2017

Order#: 623626-137

Re: AMSURG NORTHWEST FLORIDA, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corpo	1502, 617.0502, 607.1508, or 6 oration organized under the la fice or registered agent, or bo	tws of the State of \underline{T}	N	
1. The name of t	the corporation: AMSURG N	IORTHWEST FLORIDA, INC	; .		
2. The principal	office address: 1A Burton H	ills Blvd, Nashville, TN 37215	5		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification:07	7/26/1996 Document	number:F960000	03787	
	I street address of the curren tment of State: (If resigned,	t registered agent and register enter resigned)		h the	
	NRAI Services, Inc		* :	.	
	1200 South Pine Island Ro			N W	
	Plantation	FL	33324	HAY 17 CRETARY LAHASS	=
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office			AX 9:	
	Corporation Service Comp	pany		6 E. 2	
	1201 Hays Street				
	P.O Box NOT acceptable				
	Tallahassee	FL	32301		
The street addre	ess of its registered office and be identical.	nd the street address of the bu	usiness office of its	registered agen	t,
Such change wa authorized by th	s authorized by resolution on board, or the corporation	duly adopted by its board of chas been notified in writing	directors or by an of of the change.	fficer so	
Xi e /	o Comi	Jill Cilmi, Vice	President		
Signatu	re of an officer or director	Print	ed or typed name and title		
performance of agent. Or, if the hereby confirm	my duties, and I am familia is document is being filed m	red agent and agree to act in ns of all statutes relative to th ir with and accept the obligat nerely to reflect a change in the en notified in writing of this	tion of my position a he registered office	lete as registered address, I	
By: Drace	e Cokubi	05/05/2017			
Sigi	nature of Registered Agent		Date	_	
If signing on be	half of an entity:				
Grace E. Kirby,	Asst. Vice President				
Ty	pped or Printed Name				

* * * FILING FEE: \$35.00 * * *