

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15 1997 8:00am
Secretary of State

DOCUMENT # F96000004076 (3)

1. Corporation Name
AMSURG HALLANDALE, INC.



Principal Place of Business
**1 BURTON HILLS BLVD #350
NASHVILLE TN 37215**

Mailing Address
**1 BURTON HILLS BLVD #350
NASHVILLE TN 37215-6104**

3. Date Incorporated or Qualified 08/09/1996		3a. Date of Last Report	
4. FEI Number 62-1048271 62-1648269		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			

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	27. City & State	28. City & State
22. City & State	27. City & State	28. Zip	30. Country
23. Zip	25. Country	29. Zip	30. Country

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City	
85. Zip Code		FL	

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	D	1.1 TITLE	V
NAME	LUNN, RODNEY H	1.2 NAME	Rodney H. Lunn
STREET ADDRESS	1 BURTON HILLS BLVD #350	1.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350
CITY-ST-ZIP	NASHVILLE TN 37215	1.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	DS	2.1 TITLE	P/D
NAME	HERR, HENRY D	2.2 NAME	Kenneth P. McDonald
STREET ADDRESS	1 BURTON HILLS BLVD #350	2.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350
CITY-ST-ZIP	NASHVILLE TN 37215	2.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	P	3.1 TITLE	S/T/D
NAME	CIGARRAN, THOMAS G	3.2 NAME	Claire M. Gulmi
STREET ADDRESS	1 BURTON HILLS BLVD #350	3.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350
CITY-ST-ZIP	NASHVILLE TN 37215	3.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	VT	4.1 TITLE	V/D/S
NAME	GULMI, CLAIRE M	4.2 NAME	Royce D. Harrell
STREET ADDRESS	1 BURTON HILLS BLVD #350	4.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350
CITY-ST-ZIP	NASHVILLE TN 37215	4.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	VS	5.1 TITLE	V
NAME	HARELL, ROYCE D	5.2 NAME	Cynthia L. Winker
STREET ADDRESS	1 BURTON HILLS BLVD #350	5.3 STREET ADDRESS	One Burton Hills Blvd., Ste 350
CITY-ST-ZIP	NASHVILLE TN 37215	5.4 CITY-ST-ZIP	Nashville, TN 37215
TITLE	V	6.1 TITLE	
NAME	MCDONALD, KENNETH P	6.2 NAME	
STREET ADDRESS	1 BURTON HILLS BLVD #350	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37215	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: *Claire M. Gulmi* **SEC/Treasurer** **4/29/97** **(615) 665-1283**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)