

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000004076

1. Entity Name

AMSURG HALLANDALE, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90043 045 ***150.00

Principal Place of Business

1 BURTON HILLS BLVD #350
NASHVILLE TN 37215

Mailing Address

1 BURTON HILLS BLVD #350
NASHVILLE TN 37215-6104

2. Principal Place of Business

20 Burton Hills Blvd.

Suite, Apt. #, etc.

5th Floor

City & State

Nashville, TN

Zip

37215

Country

U.S.A.

3. Mailing Address

20 Burton Hills Blvd.

Suite, Apt. #, etc.

5th Floor

City & State

Nashville, TN

Zip

37215

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

62-1648269

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	LUNN, RODNEY H	
STREET ADDRESS	1 BURTON HILLS BLVD #350	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	V	<input type="checkbox"/> Delete
NAME	WINKER, CYNTHIA A.	
STREET ADDRESS	1 BURTON HILLS BLVD #350	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GULMI, CLAIRE M	
STREET ADDRESS	1 BURTON HILLS BLVD #350	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	HARELL, ROYCE D	
STREET ADDRESS	1 BURTON HILLS BLVD #350	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDONALD, KENNETH P	
STREET ADDRESS	1 BURTON HILLS BLVD #350	
CITY-ST-ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20 Burton Hills Blvd., 5th Floor	
CITY-ST-ZIP	Nashville, TN 37215	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20 Burton Hills Blvd., 5th Floor	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20 Burton Hills Blvd., 5th Floor	
CITY-ST-ZIP	Nashville, TN 37215	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20 Burton Hills Blvd., 5th Floor	
CITY-ST-ZIP	Nashville, TN 37215	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20 Burton Hills Blvd., 5th Floor	
CITY-ST-ZIP	Nashville, TN 37215	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Claire M. Gulmi

Claire M. Gulmi, Treas./Sec.

4/27/00

615-665-1283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)