

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006822 (8)
 1. Corporation Name
AMSURG SOUTH FLORIDA NETWORK, INC.



Principal Place of Business 1 BURTON HILLS BLVD #350 NASHVILLE TN 37215	Mailing Address 1 BURTON HILLS BLVD #350 NASHVILLE TN 37215
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 62-1647400	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip				25. Country	
29. Country				30. Country	
29. Country				30. Country	

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				85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)				FL	
83.				84. City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V LUNN, RODNEY H	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 BURTON HILLS BLVD #350	1.2 NAME	
STREET ADDRESS	NASHVILLE TN	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DS HERR, HENRY D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1 BURTON HILLS BLVD #350	2.2 NAME	
STREET ADDRESS	NASHVILLE TN 37215	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	P CIGARRAN, THOMAS G	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 BURTON HILLS BLVD #350	3.2 NAME	
STREET ADDRESS	NASHVILLE TN 37215	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	STD GULMI, CLAIRE M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 BURTON HILLS BLVD #350	4.2 NAME	
STREET ADDRESS	NASHVILLE TN	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VDS HARRELL, ROYCE D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 BURTON HILLS BLVD #350	5.2 NAME	
STREET ADDRESS	NASHVILLE TN	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PD MCDONALD, KENNETH P	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1 BURTON HILLS BLVD #350	6.2 NAME	
STREET ADDRESS	NASHVILLE TN	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 _____ DATE _____

CR2E034 (10/97)