

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90181 026 \*\*\*150.00

**DOCUMENT # F96000006822**

1. Entity Name

**AMSURG SOUTH FLORIDA NETWORK, INC.**

Principal Place of Business

Mailing Address

**20 BURTON HILLS BLVD  
 5TH FLOOR  
 NASHVILLE TN 37215**

**20 BURTON HILLS BLVD  
 5TH FLOOR  
 NASHVILLE TN 37215**

**80057025**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1647400**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	LUNN, RODNEY H	
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	V	<input type="checkbox"/> Delete
NAME	WINKER, CYNTHIA A.	
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GULMI, CLAIRE M	
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	HARRELL, ROYCE D	
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDONALD, KENNETH P	
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR	
CITY-ST-ZIP	NASHVILLE TN 37215	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
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CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zamojski, Dennis J.	
STREET ADDRESS	20 Burton Hills Blvd, Fifth Floor	
CITY-ST-ZIP	Nashville, TN 37215	

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

615-665-1283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)