


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 08:00 AM
Secretary of State

| | |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # F96000006822 1. Entity Name AMSURG SOUTH FLORIDA NETWORK, INC. |  |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business 20 BURTON HILLS BLVD 5TH FLOOR NASHVILLE, TN 37215 | Mailing Address 20 BURTON HILLS BLVD 5TH FLOOR NASHVILLE, TN 37215 |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



04262004 No Chg-P CR2E034 (10/03)

| | |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number 62-1647400 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000156068 05/05/04 80051-024 150.00 |
|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------|

10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|-------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MANING, DAVID L 20 BURTON HILLS BLVD, 5TH FLOOR NASHVILLE, TN 37215 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WINKER, CYNTHIA A. 20 BURTON HILLS BLVD, 5TH FLOOR NASHVILLE, TN 37215 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD GULMI, CLAIRE M 20 BURTON HILLS BLVD, 5TH FLOOR NASHVILLE, TN 37215 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HARRELL, ROYCE D 20 BURTON HILLS BLVD, 5TH FLOOR NASHVILLE, TN 37215 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCDONALD, KENNETH P 20 BURTON HILLS BLVD, 5TH FLOOR NASHVILLE, TN 37215 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDS ZAMOJSKI, DENNIS J 20 BURTON HILLS BLVD, 5TH FLOOR NASHVILLE, TN 37215 |

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claire M. Gulmi Claire M. Gulmi 4/26/04 615-665-1283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #