



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90185 041 ***150.00

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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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 62-1647400	
Zip		Country		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			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		9. \$5.00 May Be Added to Fees <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANING, DAVID L		NAME	EASTRIDGE, KEVIN D	
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR		STREET ADDRESS	20 BURTON HILLS BLVD ; 5TH FLOOR	
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP	NASHVILLE, TN 37215	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKER, CYNTHIA A.		NAME		
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULMI, CLAIRE M		NAME		
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, ROYCE D		NAME		
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, KENNETH P		NAME		
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLL, FRANK J		NAME		
STREET ADDRESS	20 BURTON HILLS BLVD, 5TH FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 37215		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Date: 4/21/06		Daytime Phone #: 615-665-1283
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					