

5-15-98 B'1437C
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 # F97000000023 (8)
 1. Corporation Name
AMSURG MIAMI UROLOGY, INC.



Principal Place of Business ONE BURTON HILLS BLVD. STE 350 NASHVILLE TN 37215	Mailing Address ONE BURTON HILLS BLVD. STE 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 01/02/1997	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State
27. Zip	28. Country	29. Zip	30. Country	4. FEI Number APPLIED FOR 62-1666190	Applied For Not Applicable
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIGARRAN, THOMAS G	1.2 NAME	LUNN, RODNEY
STREET ADDRESS	ONE BURTON HILLS BLVD	1.3 STREET ADDRESS	ONE BURTON HILLS BLVD
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	NASHVILLE, TN
TITLE	SO <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERR, HENRY D	2.2 NAME	
STREET ADDRESS	ONE BURTON HILLS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	
TITLE	VI <input type="checkbox"/> DELETE	3.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GULMI, CLAIRE M	3.2 NAME	GULMI, CLAIRE M.
STREET ADDRESS	ONE BURTON HILLS BLVD	3.3 STREET ADDRESS	ONE BURTON HILLS BLVD., SUITE 350
CITY-ST-ZIP	NASHVILLE TN	3.4 CITY-ST-ZIP	NASHVILLE, TN
TITLE	VAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRELL, ROYCE D	4.2 NAME	
STREET ADDRESS	ONE BURTON HILLS BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, KENNETH P	5.2 NAME	MCDONALD, KENNETH P.
STREET ADDRESS	ONE BURTON HILLS BLVD	5.3 STREET ADDRESS	ONE BURTON HILLS BLVD., SUITE 350
CITY-ST-ZIP	NASHVILLE TN	5.4 CITY-ST-ZIP	NASHVILLE, TN
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKER, CYNTHIA A	6.2 NAME	
STREET ADDRESS	ONE BURTON HILLS BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN	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: *Claire M. Gulmi* Claire M. Gulmi, Sec/Treas 4/16/98 (615) 666-1283

CR2E034 (10/97)