

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90060 007 \*\*\*150.00

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DOCUMENT # **F97000006774**

1. Corporation Name  
**AMSURG CORP.**



Principal Place of Business  
**ONE BURTON HILLS BLVD. SUITE 350  
NASHVILLE TN 37215**

Mailing Address  
**ONE BURTON HILLS BLVD. SUITE 350  
NASHVILLE TN 37215**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/22/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>62-1493316</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	<b>MCDONALD, KEN P</b>				
STREET ADDRESS	<b>ONE BURTON HILLS BLVD. SUITE 350</b>				
CITY-ST-ZIP	<b>NASHVILLE TN 37215</b>				
TITLE	VCFS	<input type="checkbox"/> DELETE			
NAME	<b>GULMI, CLAIRE M</b>				
STREET ADDRESS	<b>ONE BURTON HILLS BLVD. SUITE 350</b>				
CITY-ST-ZIP	<b>NASHVILLE TN 37215</b>				
TITLE	VOAS	<input type="checkbox"/> DELETE			
NAME	<b>HARRELL, ROYCE D</b>				
STREET ADDRESS	<b>ONE BURTON HILLS BLVD. SUITE 350</b>				
CITY-ST-ZIP	<b>NASHVILLE TN 37215</b>				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	<b>LUNN, RODNEY H</b>				
STREET ADDRESS	<b>ONE BURTON HILLS BLVD. SUITE 350</b>				
CITY-ST-ZIP	<b>NASHVILLE TN 37215</b>				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	<b>MANNING, DAVID L</b>				
STREET ADDRESS	<b>ONE BURTON HILLS BLVD. SUITE 350</b>				
CITY-ST-ZIP	<b>NASHVILLE TN 37215</b>				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	<b>CIGARRAN, THOMAS G</b>				
STREET ADDRESS	<b>ONE BURTON HILLS BLVD. SUITE 350</b>				
CITY-ST-ZIP	<b>NASHVILLE TN 37215</b>				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
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, with all other like empowered.

SIGNATURE: Claire M. Gulmi, Sr. V.P. 4/26/99 (615)665-1283  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)