

F97000006774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

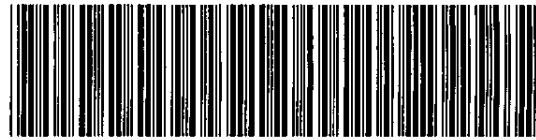
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Change

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AmSurg Corp.

(Name of Corporation)

**DOCUMENT NUMBER:** F97000006774

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie Thomas

(Name of Contact Person)

Paranet Corporation Services, Inc.

(Firm/Company)

3761 Venture Drive, Suite 260

(Address)

Duluth, Georgia 30096

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Thomas

(Name of Contact Person)

at ( 800 ) 277-9977

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# **PARANET CORPORATION SERVICES, INC.**

3761 Venture Drive Suite 260  
Duluth, Georgia 30096  
800-277-9977 / Fax 800-815-0477

December 19, 2006

## **FILING TRANSMITTAL LETTER**

Florida Department of State  
Corporations Division  
2661 Executive Center Circle West  
Tallahassee, FL 32301

Phone: 850-488-9000

**RE:**

1. AmSurg Corp.
2. AmSurg Holdings, Inc.
3. The Miami ASC, LP
4. AmSurg Miami, Inc.
5. The Melbourne ASC, LP
6. AmSurg Melbourne, Inc.
7. The Northwest Florida ASC, LP
8. AmSurg Northwest Florida, Inc.
9. AmSurg Palmetto, Inc.
10. The Ocala Endoscopy ASC, LP
11. AmSurg Ocala, Inc.
12. The Crystal River Endoscopy ASC, LP
13. AmSurg Crystal River, Inc.
14. The Naples Endoscopy ASC, LP
15. AmSurg Naples, Inc.
16. The Suncoast Endoscopy ASC, LP
17. AmSurg Suncoast, Inc.
18. AmSurg Brevard, Inc.
19. AmSurg South Florida Network, Inc.
20. AmSurg FL Eyecare Network, Inc.
21. The Tamarac Endoscopy ASC, LLC
22. The Sarasota Endoscopy ASC, LLC
23. The Mount Dora Ophthalmology ASC, LLC
24. The Cape Coral/Ft. Myers Endoscopy ASC, LLC
25. The Boca Raton Ophthalmology ASC, LLC
26. The Naples Endoscopy Anesthesia, LLC
27. The AmSurg Naples Ancillary Company, LLC
28. The Ft. Myers Digestive Health Anesthesia, LLC
29. The Cape Coral/Ft. Myers Anesthesia, LLC
30. The Cape Coral FL Endoscopy ASC, LLC

31. The Ocala FL ASC, LLC
32. The Orlando FL Endoscopy ASC, LLC
33. The West Palm Beach FL Endoscopy ASC, LLC
34. The Gainesville FL Orthopaedic ASC, LLC
35. The Rockledge FL Endoscopy ASC, LLC
36. The Lakeland FL Endoscopy ASC, LLC
37. The Tampa FL Endoscopy ASC, LLC
38. The Winter Haven/Sebring FL Ophthalmology ASC, LLC
39. The Ft. Myers Ophthalmology ASC, LLC
40. The Ft. Myers Digestive Health and Pain ASC, LLC
41. The Zephyrhills Ophthalmology ASC, LLC
42. The Sunrise Ophthalmology ASC, LLC
43. The Sarasota Ophthalmology ASC, LLC
44. The Surgery Center of Coral Gables, LLC

Dear Filing Officer:

Please find the enclosed:

1. Two (2) copies of change of Registered Agent/Office for the above entity;
2. Our checks **in the proper amount** to cover the filing fee; and
3. Self-addressed envelope for return of evidence.

If you have any questions, or require anything further, please contact me toll free at 1-800-277-9977. Thank you for your assistance.

Very truly yours,

Stephanie Thomas

Paranet Job No.

Re-11-0480

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of TN in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AmSurg Corp.
2. The principal office address: 20 Burton Hills Boulevard  
Plantation, FL 33324
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: March 3, 1992 Document number: F97000006374

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System  
1200 South Pine Island Road  
Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.  
2731 Executive Park Drive, Suite 4  
(P.O. Box NOT acceptable)  
Weston, FL 33331

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Claire M. Gulmi, Secretary  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

12/14/06  
(Date)

If signing on behalf of an entity:

Stephanie Thomas  
(Typed or Printed Name)

\* \* \* FILING FEE: \$35.00 \* \* \*

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TALLAHASSEE, FLORIDA