

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 10 1996 8:00 am
Secretary of State

DOCUMENT # 600121 (8)

1. Corporation Name
SHERIDAN HEALTHCORP, INC.



Principal Place of Business Mailing Address
**EMERALD HILLS EXECUTIVE PLAZA TWO
4651 SHERIDAN STREET, SUITE 400
HOLLYWOOD FL 33021**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

3. Date Incorporated or Qualified **04/06/1962** 3a. Date of Last Report **05/31/1995**
4. FEI Number **59-0971075** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MARTUS, JAY A ESQ.
4651 SHERIDAN ST., SUITE 400
HOLLYWOOD, FL 33021**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 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 officer 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 _____
Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature is required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EISENBERG, MITCHELL	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY- ST- ZIP	HOLLYWOOD, FL 00000	
TITLE	EVDP	<input type="checkbox"/> DELETE
NAME	GOLD, LEWIS	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY- ST- ZIP	HOLLYWOOD, FL 00000	
TITLE	VP/S	<input type="checkbox"/> DELETE
NAME	MARTUS, JAY A	
STREET ADDRESS	4651 WHERIDAN STREET, SUITE 400	
CITY- ST- ZIP	HOLLYWOOD, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COWARD, ROBERT	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY- ST- ZIP	HOLLYWOOD, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALY, ROBERT	
STREET ADDRESS	125 HIGH STREET, SUITE 2500	
CITY- ST- ZIP	BOSTON MA 02110	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TADLER, RICHARD	
STREET ADDRESS	125 HIGH STREET, SUITE 2500	
CITY- ST- ZIP	BOSTON MA 02110	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JP Gilbert Dardow	
5.3 STREET ADDRESS	4651 Sheridan Street Suite 400	
5.4 CITY- ST- ZIP	Hollywood FL 33021	
6.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Chris Gates	
6.3 STREET ADDRESS	4651 Sheridan Street Suite 400	
6.4 CITY- ST- ZIP	Hollywood FL 33021	

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-04/10/96- 01052-019
****208.75 ****208.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Jay A. Martus, Esq.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

951-980-7769

CR2E034 (12/95)