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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 APR -8 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	EMERALD HILLS EXECUTIVE PLAZA TWO 4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021-3430

3. Date Incorporated or Qualified: 04/06/1962
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

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 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 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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	EISENBERG, MITCHELL		1.2 NAME	800002136618----4	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400		1.3 STREET ADDRESS	-04/08/97--01083--011	
CITY-ST-ZIP	HOLLYWOOD, FL 00000		1.4 CITY-ST-ZIP	****165.00 ****165.00	
TITLE	EVPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GOLD, LEWIS		2.2 NAME	800002136618----4	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400		2.3 STREET ADDRESS	-04/08/97--01083--012	
CITY-ST-ZIP	HOLLYWOOD, FL 00000		2.4 CITY-ST-ZIP	******8.75 ******8.75	
TITLE	VP/S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARTUS, JAY A		3.2 NAME		
STREET ADDRESS	4651 WHERIDAN STREET, SUITE 400		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 00000		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	CoO	☐ Change ☒ Addition
NAME	COWARD, ROBERT		4.2 NAME	MICHAEL SCHNEIDER	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400		4.3 STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD, FL 00000		4.4 CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DALY, ROBERT		5.2 NAME		
STREET ADDRESS	125 HIGH STREET, SUITE 2500		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02110		5.4 CITY-ST-ZIP		JBH-8-97
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	TADLER, RICHARD		6.2 NAME	NEIL NATKIN	
STREET ADDRESS	125 HIGH STREET, SUITE 2500		6.3 STREET ADDRESS	4651 SHERIDAN STREET SUITE 400	
CITY-ST-ZIP	BOSTON MA 02110		6.4 CITY-ST-ZIP	HOLLYWOOD FL 33021	

CR2E034 (9/96)

14. I do 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: SHERIDAN HEALTHCORP INC. PD J. MARTUS ESQ. 4/2/97 954-986-7776