

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

**APPROVED  
AND  
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1998 APR 20 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 600121 (8)**

1. Corporation Name  
**SHERIDAN HEALTHCORP, INC.**



Principal Place of Business <b>EMERALD HILLS EXECUTIVE PLAZA TWO 4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021</b>	Mailing Address <b>EMERALD HILLS EXECUTIVE PLAZA TWO 4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt #, etc 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified <b>04/06/1962</b>	4. FEI Number <b>59-0971075</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>EISENBERG, MITCHELL</b>	
STREET ADDRESS	<b>4651 SHERIDAN STREET, SUITE 400</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>EVPD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLD, LEWIS</b>	
STREET ADDRESS	<b>4651 SHERIDAN STREET, SUITE 400</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>VP/S</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTUS, JAY A</b>	
STREET ADDRESS	<b>4651 WHERIDAN STREET, SUITE 400</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHUNDLER, MICHAEL</b>	
STREET ADDRESS	<b>4651 SHERIDAN STREET, SUITE 400</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DALY, ROBERT</b>	
STREET ADDRESS	<b>125 HIGH STREET, SUITE 2500</b>	
CITY-ST-ZIP	<b>BOSTON MA 02110</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NATKOW, NEIL</b>	
STREET ADDRESS	<b>4651 SHERIDAN STREET, SUITE 400</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>800002495178--4</b>	
1.3 STREET ADDRESS	<b>-04/21/98 -01047--015</b>	
1.4 CITY-ST-ZIP	<b>***1200.00 ****150.00</b>	
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	<b>D Henry Golembesky</b>	
5.3 STREET ADDRESS	<b>5240 Mount Ariane Court</b>	
5.4 CITY-ST-ZIP	<b>San Diego CA</b>	
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(9)(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 a shareholder or partner in the corporation 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 a business address.

SIGNATURE *Sandra B. Mortham* DATE *4/1/98*

CR2E034 (10/97)