

**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

APR 15 1999  
99 APR 15 PM 3:27  
SHERIDAN HEALTHCORP, INC.

**DOCUMENT # 600121**

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

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

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.  
22 City & State  
23 Zip Country  
24 Zip Country

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 Zip Country

9. Name and Address of Current Registered Agent

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 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 to print letter for filing)

(DATE)

12. OFFICERS AND DIRECTORS

|                |                                 |            |
|----------------|---------------------------------|------------|
| TITLE          | PD                              | [ ] DELETE |
| NAME           | EISENBERG, MITCHELL             |            |
| STREET ADDRESS | 4651 SHERIDAN STREET, SUITE 400 |            |
| CITY-ST-ZIP    | HOLLYWOOD FL                    |            |
| TITLE          | EVPD                            | [ ] DELETE |
| NAME           | GOLD, LEWIS                     |            |
| STREET ADDRESS | 4651 SHERIDAN STREET, SUITE 400 |            |
| CITY-ST-ZIP    | HOLLYWOOD FL                    |            |
| TITLE          | VP/S                            | [ ] DELETE |
| NAME           | MARTUS, JAY A                   |            |
| STREET ADDRESS | 4651 SHERIDAN STREET, SUITE 400 |            |
| CITY-ST-ZIP    | HOLLYWOOD FL                    |            |
| TITLE          | C                               | [ ] DELETE |
| NAME           | SCHUNDLER, MICHAEL              |            |
| STREET ADDRESS | 4651 SHERIDAN STREET, SUITE 400 |            |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021              |            |
| TITLE          | D                               | [ ] DELETE |
| NAME           | GOLEMBESKY, HENRY               |            |
| STREET ADDRESS | 5290 MOUNT ARIANE COURT         |            |
| CITY-ST-ZIP    | SAN DIEGO CA                    |            |
| TITLE          | D                               | [ ] DELETE |
| NAME           | NATKOW, NEIL                    |            |
| STREET ADDRESS | 4651 SHERIDAN STREET, SUITE 400 |            |
| CITY-ST-ZIP    | HOLLYWOOD FL 33021              |            |

|                    |  |
|--------------------|--|
| 11. TITLE          |  |
| 12. NAME           |  |
| 13. STREET ADDRESS |  |
| 14. CITY-ST-ZIP    |  |
| 21. TITLE          |  |
| 22. NAME           |  |
| 23. STREET ADDRESS |  |
| 24. CITY-ST-ZIP    |  |
| 31. TITLE          |  |
| 32. NAME           |  |
| 33. STREET ADDRESS |  |
| 34. CITY-ST-ZIP    |  |
| 41. TITLE          |  |
| 42. NAME           |  |
| 43. STREET ADDRESS |  |
| 44. CITY-ST-ZIP    |  |
| 51. TITLE          |  |
| 52. NAME           |  |
| 53. STREET ADDRESS |  |
| 54. CITY-ST-ZIP    |  |
| 61. TITLE          |  |
| 62. NAME           |  |
| 63. STREET ADDRESS |  |
| 64. CITY-ST-ZIP    |  |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition  
400002841424-7  
-04/16/99--01008--012  
\*\*\*4350.00 \*\*\*150.00  
[ ] Change [ ] Addition  
4651 SHERIDAN STREET, SUITE 400  
C.O.O.  
[ ] Change [ ] Addition  
APR 15 1999

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

April 13, 1999 (954)986-7770

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CR2E034 (11/98)