

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 600121**

1. Entity Name

SHERIDAN HEALTHCORP, INC.**FILED**
Apr 26, 2000 08:00 AM
Secretary of State

Principal Place of Business

**EMERALD HILLS EXECUTIVE PLAZA TWO
4651 SHERIDAN STREET, SUITE 400
HOLLYWOOD FLA
33021**

Mailing Address

**EMERALD HILLS EXECUTIVE PLAZA TWO
4651 SHERIDAN STREET, SUITE 400
HOLLYWOOD FLA
33021**

2. Principal Place of Business

EMERALD HILLS EXECUTIVE PLAZA TWO

3. Mailing Address

EMERALD HILLS EXECUTIVE PLAZA TWO

Suite, Apt. #, etc.

4651 SHERIDAN STREET, SUITE 400

Suite, Apt. #, etc.

4651 SHERIDAN STREET, SUITE 400

City & State

HOLLYWOOD FL

City & State

HOLLYWOOD FLZip
33021

Country

Zip
33021

Country

4. FEI Number

59-0971075

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**MARTUS JAY AESQ.
4651 SHERIDAN ST., SUITE 400****HOLLYWOOD, FL FL
33021 US****7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

04/26/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **D** ☒ Delete
NAME **NATKOW NEIL**
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 **COO** ☐ Delete
NAME **SCHUNDLER MICHAEL**
STREET ADDRESS **4651 SHERIDAN STREET, SUITE 400**
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE **VP/S** ☐ Delete
NAME **MARTUS JAY A**
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 **PD** ☐ Delete
NAME **EISENBERG MITCHELL**
STREET ADDRESS **4651 SHERIDAN STREET, SUITE 400**
CITY-ST-ZIP **HOLLYWOOD FL****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VP** ☒ Change ☐ Addition
NAME **DROZDOW GILBERT**
STREET ADDRESS **4651 SHERIDAN STREET, SUITE 400**
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE **CFOD** ☒ Change ☐ Addition
NAME **COWARD ROBERT**
STREET ADDRESS **4651 SHERIDAN STREET, SUITE 400**
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE **VP/S** ☒ Change ☐ Addition
NAME **MARTUS JAY A**
STREET ADDRESS **4651 SHERIDAN STREET, SUITE 400**
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE **EVPD** ☒ Change ☐ Addition
NAME **GOLD LEWIS**
STREET ADDRESS **4651 SHERIDAN STREET, SUITE 400**
CITY-ST-ZIP **HOLLYWOOD FL 33021**TITLE **PD** ☒ Change ☐ Addition
NAME **EISENBERG MITCHELL**
STREET ADDRESS **4651 SHERIDAN STREET, SUITE 400**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

D. J. A. M. A. V. D. S. S.

VP/S 04/26/2000