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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
SHERIDAN RADIOLOGY MANAGEMENT SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	$78.75

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Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Sheridan Radiology Management Services, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Gail H. McKinnon
Name of Person

Firm/Company

150 Third Avenue, South, Suite 2800
Address

Nashville, TN 37201
City/State and Zip code

gmckinnon@bassberry.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail H. McKinnon at (615) 259-6784
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☒ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Sheridan Radiology Management Services, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Ins," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware (State or country under the law of which it is incorporated)

3. 35-2521918 (FEI number, if applicable)

4. December 8, 2014 (Date of incorporation)

5. perpetual (Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1613 N. Harrison Parkway, Suite 200, Sunrise, Florida 33323
(Principal office address)

1613 N. Harrison Parkway, Suite 200, Sunrise, Florida 33323
(Current mailing address)

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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Jillian Marcus

Office Address: 1613 N. Harrison Pkwy, Suite 200

Sunrise (City), Florida 33323 (Zip code)

9. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Jillian Marcus
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: Jillian Marcus

Address: 1613 N. Harrison Parkway, Suite 200

Sunrise, Florida 33323

Director: Gilbert Drozdow

Address: 1613 N. Harrison Parkway, Suite 200

Sunrise, Florida 33323

B. OFFICERS

President: Gilbert Drozdow

Address: 1613 N. Harrison Parkway, Suite 200, Sunrise, Florida 33323

Vice President: Maria Rodriguez

Address: 1613 N. Harrison Parkway, Suite 200, Sunrise, Florida 33323

Secretary: VP Jillian Marcus

Address: 1613 N. Harrison Parkway, Suite 200, Sunrise, Florida 33323

Treasurer: VP Claire Gulmi

Address: 1A Burton Hills Boulevard, Nashville, Tennessee 37215

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. JILLIAN MARCUS, VP and Secretary
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE FLORIDA

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SHERIDAN RADIOLOGY MANAGEMENT SERVICES, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SHERIDAN RADIOLOGY MANAGEMENT SERVICES, INC." WAS INCORPORATED ON THE EIGHTH DAY OF DECEMBER, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

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Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2000672

DATE: 12-31-14

You may verify this certificate online at corp.delaware.gov/authver.shtml