

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
**Apr 18 1996 8:00 am**  
Secretary of State

**DOCUMENT # G75248 (6)**

1. Corporation Name  
**NEONATOLOGY CERTIFIED, INC.**  
Changed to: **Sheridan Children's Healthcare Services, Inc**  
(effective March 21, 1996)



Principal Place of Business Mailing Address  
**% JOHN R. WILLIAMS, M.D.**  
**300 NW 70TH AVE., STE. 100**  
**PLANTATION FL 33317**

3. Date Incorporated or Qualified **01/01/1984** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **4651 Sheridan Street** 26 **4651 Sheridan Street**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Suite 400** 27 **Suite 400**  
City & State City & State  
23 **Hollywood, FL** 28 **Hollywood, FL**  
Zip Country Zip Country  
24 **33021** 25 Country 29 **33021** 30 Country

4. FEI Number **59-2347217** 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  
**SCHULMAN, JOSEPH**  
**300 N.W. 70 AVE. #100**  
**SUITE 100**  
**PLANTATION FL 33317**

10. Name and Address of New Registered Agent  
81 Name **Jay A. Martus, Esq.**  
82 Street Address (P.O. Box Number is Not Acceptable) **4651 Sheridan Street**  
83 **Suite 400**  
84 City **Hollywood** 85 Zip Code **FL 33021**

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 607.0502, Florida Statutes.

SIGNATURE *Jay A. Martus, V.P.* (NOTE: Registered Agent's signature required when re-registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRAKES, CHARLES M.D.</b>	1.2 NAME	<b>Mitchell Eisenberg</b>
STREET ADDRESS	<b>300 NW 70 AVE. #100</b>	1.3 STREET ADDRESS	<b>4651 Sheridan Street, Suite 400</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>	1.4 CITY-ST-ZIP	<b>Hollywood, FL 33021</b>
TITLE	<b>DVT</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHANDLER, BARRY D M.D.</b>	2.2 NAME	
STREET ADDRESS	<b>300 NW 70 AVE., STE. 100</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>EVP/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHANDLER, BARRY D M.D.</b>	3.2 NAME	<b>Lewis Gold</b>
STREET ADDRESS	<b>300 NW 70 AVE., STE. 100</b>	3.3 STREET ADDRESS	<b>4651 Sheridan Street, Suite 400</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	3.4 CITY-ST-ZIP	<b>Hollywood, FL 33021</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AUERBACH, M. RICHARD M.D.</b>	4.2 NAME	
STREET ADDRESS	<b>300 NW 70 AVE., STE. 100</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHULMAN, JOSEPH, M.D.</b>	5.2 NAME	<b>400001785854</b>
STREET ADDRESS	<b>300 NW 70 AVE., STE. 100</b>	5.3 STREET ADDRESS	<b>-04/18/96--01081--005</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	5.4 CITY-ST-ZIP	<b>****200.00 ****200.00</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>T/CFO/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRATWER, LUIZ, M.D.</b>	6.2 NAME	<b>Dennis Gates</b>
STREET ADDRESS	<b>300 NW 70 AVE., STE. 100</b>	6.3 STREET ADDRESS	<b>4651 Sheridan Street, Suite 400</b>
CITY-ST-ZIP	<b>PLANTATION FL 33317</b>	6.4 CITY-ST-ZIP	<b>Hollywood, FL 33021</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, on an all-in-one filing with an address change.

SIGNATURE: *Jay A. Martus, V.P.* Secretary 4/17/96 951-986-7770  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)