

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 APR 22 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **G75248** (6)
1. Corporation Name
SHERIDAN CHILDREN'S HEALTHCARE SERVICES, INC.

Principal Place of Business: **4651 SHERIDAN ST. SUITE 400 HOLLYWOOD FL 33021**
Mailing Address: **4651 SHERIDAN ST. SUITE 400 HOLLYWOOD FL 33021-3430**

3. Date Incorporated or Qualified: **01/01/1984** 3a. Date of Last Report: **04/18/1996**
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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**MARTUS, JAY A
4651 SHERIDAN ST.
SUITE 400
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EISENBERG, MITCHELL	
STREET ADDRESS	4651 SHERIDAN ST., #400	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	GOLD, LEWIS	
STREET ADDRESS	4651 SHERIDAN ST., #400	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	TCOD	<input type="checkbox"/> DELETE
NAME	GATES, DENNIS	
STREET ADDRESS	4651 SHERIDAN ST., #400	
CITY - ST - ZIP	HOLLYWOOD FL 33021	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AUERBACH, M. RICHARD M.D	
STREET ADDRESS	300 NW 70 AVE., STE. 100	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SCHULMAN, JOSEPH, M.D.	
STREET ADDRESS	300 NW 70 AVE., STE. 100	
CITY - ST - ZIP	PLANTATION FL 33317	
TITLE	TCOD	<input checked="" type="checkbox"/> DELETE
NAME	GATES, DENNIS	
STREET ADDRESS	4651 SHERIDAN ST.	
CITY - ST - ZIP	HOLLYWOOD FL 33021	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	400002150524-3	
1.4 CITY - ST - ZIP	-04/22/97--01048--018 ****165.00 ****165.00	
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	T, P	<input checked="" 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	MWS	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BARRY CHANDLER	
5.3 STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
5.4 CITY - ST - ZIP	HOLLYWOOD FL 33021	
6.1 TITLE	VP, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JAY A. MARTUS	
6.3 STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
6.4 CITY - ST - ZIP	HOLLYWOOD FL 33021	

14. I do 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 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.

SIGNATURE: *Jay A. Martus, VP* 4/17/97 954-986-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)