

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

APPROVED  
AND  
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1998 APR 20 PM 12:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998



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

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: **01/01/1984**  
4. FEI Number: **59-2347217**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

g. 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 (81-85)

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent's 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	TD	<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 type="checkbox"/> DELETE
NAME	CHANDLER, BARRY	
STREET ADDRESS	4651 SHERIDAN ST., STE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	MARTUS, JAY A	
STREET ADDRESS	4651 SHERIDAN ST., STE 400	
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	<b>800002495168-- 5</b>
1.4 CITY-ST-ZIP	<b>-04/21/98 --01047--015</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>***1200.00 ***150.00</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input 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	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 as the recorder 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 from the previous filing.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CR2E034 (10/97)

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