

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 23, 2001 08:00 AM
Secretary of State

DOCUMENT # G75248

1. Entity 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
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2. Principal Place of Business 1613 NORTH HARRISON PARKWAY	3. Mailing Address 1613 NORTH HARRISON PARKWAY
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Suite, Apt. #, etc. SUITE 200	Suite, Apt. #, etc. SUITE 200
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City & State SUNRISE FL	City & State SUNRISE FL
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Zip 33323	Country	Zip 33323	Country
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4. FEI Number 59-2347217	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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 A
 4651 SHERIDAN ST.
 SUITE 400
 HOLLYWOOD FL
 33021 US

7. Name and Address of New Registered Agent

Name
MARTUS JAY A
 Street Address (P.O. Box Number is Not Acceptable)
 1613 NORTH HARRISON PARKWAY
 SUITE 200
 City
 SUNRISE FL Zip Code
 33323

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 _____ **02/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	VPS MARTUS JAY A 4651 SHERIDAN ST., STE 400 HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHANDLER BARRY 4651 SHERIDAN ST., STE 400 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUERBACH M. RICHARD 4651 SHERIDAN STREET, SUITE 400 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD COWARD ROBERT 4651 SHERIDAN ST., STE. 400 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD GOLD LEWIS 4651 SHERIDAN ST., #400 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG MITCHELL 4651 SHERIDAN ST., #400 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MARTUS JAY A 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHANDLER BARRY 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AUERBACH M. RICHARD 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD COWARD ROBERT 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPD GOLD LEWIS 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG MITCHELL 1613 NORTH HARRISON PARKWAY, SUITE 200 SUNRISE FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Jay A. Martus VP 02/23/2001 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/00)