FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L91953 (4)

1. Corporate Name
SHERIDAN SERVICE CENTER INC.

Principal Place of Business
2501 NORTH STATE ROAD 7
HOLLYWOOD FL 33021

Mailing Address
2501 NORTH STATE ROAD 7
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1990
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 65-0204477
Applied For
Not Applicable

22 Suite, Apt. #
27 Suite, Apt. #

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

23 City, State
28 City, State

6. Uncollected Garnishee Fees and Trust Fund Contributions ☐ $5.00 May Be Added to Fees

24 25 29 30

8. Has corporation been subject to enforcement proceedings under Florida Statutes? ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SAEEDI-AKBARZADEH
13300 WEST DIXIE HIGHWAY
NORTH MIAMI FL 33161

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 Section 607.0505 Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the name, address of the registered agent and the street address of the registered office to be identical to the registered agent and registered office of record in Florida of the corporation named below.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	D
Name	SAEEDI-AKBARZADEH, H.
Street Address	2501 N STATE RD 7
City, State, Zip	NORTH MIAMI FL
Title	D
Name	SAEEDI-AKBARZADEH, J.
Street Address	2501 N STATE RD 7
City, State, Zip	NORTH MIAMI FL

13. ADDITIONS, CHANGES, DELETIONS AND/OR CORRECTIONS

Title ☐ Change ☐ Add/Delete
Name
Street Address
City, State, Zip

Title ☐ Change ☐ Add/Delete
Name
Street Address
City, State, Zip

Title ☐ Change ☐ Add/Delete
Name
Street Address
City, State, Zip

Title ☐ Change ☐ Add/Delete
Name
Street Address
City, State, Zip

Title ☐ Change ☐ Add/Delete
Name
Street Address
City, State, Zip

Title ☐ Change ☐ Add/Delete
Name
Street Address
City, State, Zip

14. I hereby certify that the information supplied with this report is accurate, and that I am aware and qualify for the consequences of false or fraudulent filing under Florida Statutes. Further, I certify that the corporation has complied with all requirements of Chapter 607 Florida Statutes, and that the corporate name and address, the number of shares authorized, the number of shares issued, the number of shares subscribed and paid for, and the number of shares subscribed but not paid for, are correct as of the date of this report. I further certify that the officers and directors listed on this report are the officers and directors of record of this corporation as of the date of this report, or as amended by this report, and that the registered agent and registered office of record in Florida for service of process for this corporation are correct as shown above or as amended by this report.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0003952 CP