

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000055804

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** SHERIDAN ANESTHESIA SERVICES, INC.

**Current Principal Place of Business:**

180 PINE STREET  
HOMOSASSA, FL 34446

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1923  
MCKINNEY, TX 75070

**New Mailing Address:**

**FEI Number:** 56-2336460

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHERIDAN, PATRICIA  
180 PINE STREET  
HOMOSASSA, FL 34446 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: SHERIDAN, PATRICIA  
Address: 180 PINE STREET  
City-St-Zip: HOMOSASSA, FL 34446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA SHERIDAN

PCEO

04/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date