

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000079000

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1613 NORTH HARRISON PARKWAY SUITE 200  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1613 NORTH HARRISON PARKWAY SUITE 200  
SUNRISE, FL 33323

**New Mailing Address:**

**FEI Number:** 27-0983154

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTUS, JAY A  
1613 NORTH HARRISON PARKWAY SUITE 200  
SUNRISE, FL 33323 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: CEO  
Name: EISENBERG, MITCHELL  
Address: 1613 NORTH HARRISON PARKWAY SUITE 200  
City-St-Zip: SUNRISE, FL 33323

Title: D  
Name: GOLD, LEWIS  
Address: 1613 NORTH HARRISON PARKWAY SUITE 200  
City-St-Zip: SUNRISE, FL 33323

Title: PD  
Name: COWARD, ROBERT  
Address: 1613 N. HARRISON PKWY., SUITE 200  
City-St-Zip: SUNRISE, FL 33323

Title: EVPS  
Name: MARTUS, JAY  
Address: 1613 N HARRISON PARKWAY SUITE 200  
City-St-Zip: SUNRISE, FL 33323

Title: SVP  
Name: DROZDOW, GILBERT  
Address: 1613 N HARRISON PARKWAY SUITE 200  
City-St-Zip: SUNRISE, FL 33323

Title: CFO  
Name: WALTER, MARK  
Address: 1613 NORTH HARRISON PARKWAY, SUITE 200  
City-St-Zip: SUNRISE, FL 33323

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: JAY A. MARTUS

EVP

03/15/2010

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

\_\_\_\_\_  
Date