

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 10 1996 8:00 am  
Secretary of State

DOCUMENT # P93000086654 (9)

1. Corporation Name

~~AMSA, INC.~~ (AMENDED 2/26/96)  
SHERIDAN HEALTHCARE OF WEST FORTON, Inc.

Principal Place of Business

Mailing Address

4651 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD FL 33021

4651 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD FL 33021



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
12/20/1993

3a. Date of Last Report  
05/31/1995

4. FEI Number  
65-0456774

Applied For  
Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MARTUS, JAY A ESO  
4651 SHERIDAN STREET  
SUITE 400  
HOLLYWOOD FL 33021

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 Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME EISENBERG, MITCHELL  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

TITLE EVPD  
NAME GOLD, LEWIS  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

TITLE VPS  
NAME MARTUS, JAY A  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL ☐ DELETE

TITLE VP  
NAME DROZDOW, GILBERT  
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☐ DELETE

TITLE TD  
NAME SHEINMAN, STEVEN  
STREET ADDRESS 4651 SHERIDAN STREET  
CITY-ST-ZIP HOLLYWOOD FL 33021 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300001775543  
-04/10/96-01052-015  
\*\*\*\*200.00 \*\*\*\*200.00

T/D  
Dennis Gates  
4651 Sheridan Street Suite 400  
Hollywood FL 33021 ☒ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or the receiver 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

954-986-7770

CR2E034 (12/95)