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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000086654

1. Corporation Name

SHERIDAN HEALTHCARE OF WEST FLORIDA, INC.

Principal Place of Business

4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD FL 33021

Mailing Address

4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD FL 33021

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

MARTUS, JAY A ESQ
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 the officer or director

Signature typed or printed name of registered agent and the officer or director

Signature

12. OFFICERS AND DIRECTORS

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

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

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

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

TITLE TD
NAME GATES, DENNIS
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400
CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE COO
NAME SCHUNDLER, MICHAEL
STREET ADDRESS 4651 SHERIDAN ST., STE 400
CITY-ST-ZIP HOLLYWOOD FL 33021

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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, with all other like empowered.

SIGNATURE: *Jay A. Martus, V.P.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jay A. Martus, VP

April 13, 1999

(954)986-7770



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1993

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 owes the current year intangible
Personal Property Tax

X Yes [] No

10. Name and Address of New Registered Agent

500002841425-3
-04/16/99-01008-012
4350.00 *150.00

VPE
COWARD, ROBERT
4651 SHERIDAN STREET, SUITE 400
HOLLYWOOD FL 33021
COW/D
4-13-99

0141290

CR2E034 (11/98)