

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000086654**

1. Entity Name

SHERIDAN HEALTHCARE OF WEST FLORIDA, INC.**FILED**
Apr 26, 2000 08:00 AM
Secretary of State

Principal Place of Business

**4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD
33021****FL**

Mailing Address

**4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD
33021****FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0456774

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARTUS JAY AESQ
4651 SHERIDAN STREET
SUITE 400
HOLLYWOOD
33021 US****FL**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

04/26/2000

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COOD	<input checked="" type="checkbox"/> Delete
NAME	SCHUNDLER MICHAEL	
STREET ADDRESS	4651 SHERIDAN ST., STE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPF	<input type="checkbox"/> Delete
NAME	COWARD ROBERT	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	CFOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COWARD ROBERT	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE	VP	<input type="checkbox"/> Delete
NAME	DROZDOW GILBERT	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPS	<input type="checkbox"/> Delete
NAME	MARTUS JAY A	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	EVPD	<input type="checkbox"/> Delete
NAME	GOLD LEWIS	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Delete
NAME	EISENBERG MITCHELL	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	
CITY-ST-ZIP	HOLLYWOOD FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

P. J. A. M. A. V. P. S.

VP/S

04/26/2000