

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000091256 (4)

1. Corporation Name  
SHERIDAN HEALTHCARE OB/GYN, INC.

Principal Place of Business  
4651 SHERIDAN STREET, SUITE 400  
HOLLYWOOD FL 33021

Mailing Address  
4651 SHERIDAN STREET, SUITE 400  
HOLLYWOOD FL 33021-3430

FILED  
97 APR 22 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/30/1995		3a. Date of Last Report 04/10/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0624897		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 800002150533-1
84 -04/22/97--01048--022
City

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	EISENBERG, MITCHELL	1.2 NAME	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	EVP, D
NAME	GOLD, LEWIS	2.2 NAME	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	GATES, DENNIS	3.2 NAME	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	3.4 CITY-ST-ZIP	
TITLE	VPS	4.1 TITLE	
NAME	MARTUS, JAY A	4.2 NAME	
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	COO
NAME	TOYOS, VALERIO	5.2 NAME	MICHAEL SCHUNDLER
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400	5.3 STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400
CITY-ST-ZIP	HOLLYWOOD FL 33021	5.4 CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE		6.1 TITLE	
NAME		6.2 NAME	MWB
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Sheridan Healthcare OB/GYN, Inc.*  
*Dr. J. Martinez, V.P.*

4/17/97

921-986-7770

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0129084

CR2E034 (9/96)