

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

APPROVED
AND
FILED

1998 APR 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1995

4. FEI Number

65-0624897

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME EISENBERG, MITCHELL
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ DELETE

TITLE EVPO
NAME GOLD, LEWIS
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ DELETE

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

☐ DELETE

TITLE VPS
NAME MARTUS, JAY A
STREET ADDRESS 4651 SHERIDAN STREET, SUITE 400
CITY-ST-ZIP HOLLYWOOD FL 33021

☐ DELETE

TITLE COO
NAME SCHUNDLER, MICHAEL
STREET ADDRESS 4651 SHERIDAN ST., STE 400
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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. 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 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 change of name or address.

SIGNATURE

SHERIDAN HEALTHCARE OB/GYN, INC.

4/16/98

95066 7320

CR2E034 (10/97)