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- PROFIT
CORPORATION
ANNUAL REPORT
1999

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

99 APR 15 PM 3:26

DOCUMENT # **P95000091256**

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

Principal Place of Business	Mailing Address
4651 SHERIDAN STREET. SUITE 400 HOLLYWOOD FL 33021	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 the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 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 agent is an entity (New Registered Agent) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[ ] DELETE	11 TITLE [ ] Change [ ] Addition
NAME	EISENBERG, MITCHELL		12 NAME
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400		13 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL 33021		14 CITY-ST-ZIP
TITLE	EVPD	[ ] DELETE	21 TITLE [ ] Change [ ] Addition
NAME	GOLD, LEWIS		22 NAME
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400		23 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL 33021		24 CITY-ST-ZIP
TITLE	TD	[X] DELETE	31 TITLE [ ] Change [ ] Addition
NAME	GATES, DENNIS		32 NAME
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400		33 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL 33021		34 CITY-ST-ZIP
TITLE	VPS	[ ] DELETE	41 TITLE [ ] Change [ ] Addition
NAME	MARTUS, JAY A		42 NAME
STREET ADDRESS	4651 SHERIDAN STREET, SUITE 400		43 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL 33021		44 CITY-ST-ZIP
TITLE	COO	[ ] DELETE	51 TITLE COO/D [X] Change [ ] Addition
NAME	SCHUNDLER, MICHAEL		52 NAME
STREET ADDRESS	4651 SHERIDAN ST., STE 400		53 STREET ADDRESS
CITY-ST-ZIP	HOLLYWOOD FL 33821		54 CITY-ST-ZIP
TITLE		[ ] DELETE	61 TITLE [ ] Change [ ] Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY-ST-ZIP			64 CITY-ST-ZIP

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****350.00 ****150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SHERIDAN HEALTHCARE OB/GYN, INC.

SIGNATURE: By: Jay R. Martus V.P. April 13, 1999 (954)986-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR