

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600121

**FILED**  
**Apr 25, 2018**  
**Secretary of State**  
**CC3649476875**

**Entity Name:** SHERIDAN HEALTHCORP, INC.

**Current Principal Place of Business:**

7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
PLANTATION, FL 33322

**Current Mailing Address:**

7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
PLANTATION, FL 33322 US

**FEI Number:** 59-0971075

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP, ASST. SECRETARY  
Name MARCUS, JILLIAN  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title PRESIDENT, DIRECTOR  
Name JACKSON, BRIAN  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title SENIOR VICE PRESIDENT CLINICAL  
Name DROZDOW, GILBERT  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title EXECUTIVE VICE PRESIDENT  
Name EASTRIDGE, KEVIN  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title SECRETARY, SENIOR VICE  
PRESIDENT  
Name WILSON, CRAIG  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title CFO  
Name STANDIFIRD, JASON  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title TREASURER  
Name RUTHERFORD, KRISTY  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title VP  
Name MORRIS, ERIN  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CRAIG WILSON

**SECRETARY**

**04/25/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title AUTHORIZED SIGNOR FOR ENROLLMENT  
PURPOSES  
Name BEHM, TENNA  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322