

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600121

Entity Name: SHERIDAN HEALTHCORP, INC.

FILED
Mar 18, 2014
Secretary of State
CC1589168809

Current Principal Place of Business:

1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323

Current Mailing Address:

1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323

FEI Number: 59-0971075

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTUS, JAY ESQ.
1613 NORTH HARRISON PARKWAY
SUITE 200
SUNRISE, FL 33323 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: JAY MARTUS

03/18/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEOD
Name CARLYLE, JOHN
Address 1613 NORTH HARRISON PARKWAY
 SUITE 200
City-State-Zip: SUNRISE FL 33323

Title VP
Name MARCUS, JILLIAN
Address 1613 NORTH HARRISON PARKWAY,
 SUITE 200
City-State-Zip: SUNRISE FL 33323

Title EVPS
Name MARTUS, JAY A
Address 1613 NORTH HARRISON PARKWAY,
 SUITE 200
City-State-Zip: SUNRISE FL 33323

Title PD
Name COWARD, ROBERT
Address 1613 NORTH HARRISON PARKWAY,
 SUITE 200
City-State-Zip: SUNRISE FL 33323

Title EVP
Name DROZDOW, GILBERT
Address 1613 NORTH HARRISON PARKWAY,
 SUITE 200
City-State-Zip: SUNRISE FL 33323

Title EVP, CFO
Name KIRALY, THOMAS
Address 1613 NORTH HARRISON PARKWAY
 SUITE 200
City-State-Zip: SUNRISE FL 33323

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: JAY MARTUS

EVP

03/18/2014

Electronic Signature of Signing Officer/Director Detail

Date