

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600121

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 PRESIDENT, DIRECTOR
Name SMITH, M.D., DOUGLAS
Address 7700 WEST SUNRISE BOULEVARD
 MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

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

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

Title CHIEF MEDICAL OFFICER
Name CHUANG, CHAN
Address 7700 WEST SUNRISE BOULEVARD
 MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

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

Title AUTHORIZED OFFICER
Name KONDAS, KATHLEEN
Address 7700 WEST SUNRISE BOULEVARD
 MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

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: JUSTIN PAGE

VP

02/11/2021

Electronic Signature of Signing Officer/Director Detail

Date