2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 20, 2016
Secretary of State
CC1934129194

DOCUMENT# G75248

Entity Name: SHERIDAN CHILDREN'S HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

7700 WEST SUNRISE BOULEVARD
PLANTATION, FL 33322

Current Mailing Address:

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

FEI Number: 59-2347217

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCUS, JILLIAN
7700 WEST SUNRISE BOULEVARD
PLANTATION, FL 33322 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: JILLIAN MARCUS 10/20/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEOD
Name	GULMI, CLAIRE
Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322

Title	PD
Name	COWARD, ROBERT
Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322

Title	VP, T
Name	EASTRIDGE, KEVIN
Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322

Title	VP, S
Name	MARCUS, JILLIAN
Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322

Title	SVP
Name	AUERBACH, M. RICHARD
Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322

Title	AS
Name	SANTARONE, STACY
Address	7700 WEST SUNRISE BOULEVARD
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: JILLIAN MARCUS VP 10/20/2016

Electronic Signature of Signing Officer/Director Detail — Date