

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G75248

Entity Name: SHERIDAN CHILDREN'S HEALTHCARE SERVICES, INC.**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:** 59-2347217**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARTUS, JAY A
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:**

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

Title	SVP
Name	AUERBACH, M. RICHARD
Address	1613 NORTH HARRISON PARKWAY, SUITE 200
City-State-Zip:	SUNRISE FL 33323

Title	SVP
Name	CHANDLER, BARRY
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

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

04/01/2013

Electronic Signature of Signing Officer/Director Detail

Date