

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000014727

Entity Name: SHERIDAN HEALTHCARE OF VIRGINIA, 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:** 27-1931953**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

04/25/2017

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 COWARD, ROBERT
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 SENIOR VICE PRESIDENT CLINICAL
Name IANNACONE, RAY
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

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**

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title AUTHORIZED SIGNOR FOR ENROLLMENT
PURPOSES
Name BEHM, TENNA
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