

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000079164

Entity Name: SHERIDAN CHILDREN'S HEALTHCARE SERVICES OF ARIZONA, INC.**FILED**
Jun 28, 2020
Secretary of State
0798338575CC**Current Principal Place of Business:**7700 WEST SUNRISE BLVD
MAILSTOP PL-6
PLANTATION, FL 33322**Current Mailing Address:**7700 WEST SUNRISE BLVD
MAILSTOP PL-6
PLANTATION, FL 33322 US**FEI Number: 47-1934541****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 BLVD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322

Title	EXECUTIVE VICE PRESIDENT, CFO
Name	SPARKS, TERESA
Address	7700 WEST SUNRISE BLVD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322

Title	SENIOR VICE PRESIDENT
Name	PRADO, MARYA
Address	7700 WEST SUNRISE BLVD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322

Title	SENIOR VICE PRESIDENT CLINICAL
Name	DROZDOW, GILBERT
Address	7700 WEST SUNRISE BLVD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322

Title	SECRETARY, SENIOR VICE PRESIDENT
Name	WILSON, CRAIG
Address	7700 WEST SUNRISE BLVD MAILSTOP PL-6
City-State-Zip:	PLANTATION FL 33322

Title	TREASURER
Name	RUTHERFORD, KRISTY
Address	7700 WEST SUNRISE BLVD 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: CRAIG A. WILSON**SECRETARY****06/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date