

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000072542

**FILED**  
**Apr 21, 2016**  
**Secretary of State**  
**CC0876073109**

**Entity Name:** SHERIDAN EMERGENCY PHYSICIAN SERVICES OF MISSISSIPPI, 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 US

**FEI Number: 47-5097702**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MARCUS, JILLIAN  
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           GULMI, CLAIRE  
Address        1613 N. HARRISON PARKWAY, SUITE  
                  200  
City-State-Zip: SUNRISE FL 33323

Title           P/D  
Name           COWARD, ROBERT  
Address        1613 N. HARRISON PARKWAY, SUITE  
                  200  
City-State-Zip: SUNRISE FL 33323

Title           VP/S  
Name           MARCUS, JILLIAN  
Address        1613 N. HARRISON PARKWAY, SUITE  
                  200  
City-State-Zip: SUNRISE FL 33323

Title           VP/T  
Name           EASTRIDGE, KEVIN  
Address        1613 N. HARRISON PARKWAY, SUITE  
                  200  
City-State-Zip: SUNRISE FL 33323

Title           VP  
Name           ANDRULONIS, PAUL A MD  
Address        1613 N. HARRISON PARKWAY, SUITE  
                  200  
City-State-Zip: SUNRISE FL 33323

Title           AS  
Name           SANTARONE, STACY  
Address        1613 N. 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: JILLIAN MARCUS**

**VP**

**04/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date