

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000072542

**FILED
Apr 28, 2019
Secretary of State
0136919718CC**

Entity Name: SHERIDAN EMERGENCY PHYSICIAN SERVICES OF MISSISSIPPI, 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: 47-5097702

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 JACKSON, BRIAN
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 SECRETARY, SENIOR VICE
 PRESIDENT
Name WILSON, CRAIG
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

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

04/28/2019

Electronic Signature of Signing Officer/Director Detail

Date