

2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

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FILED
Oct 26, 2016
Secretary of State
CC7397359570

Entity Name: SHERIDAN EMERGENCY PHYSICIAN SERVICES OF MISSISSIPPI, INC.

Current Principal Place of Business:

7700 WEST SUNRISE BOULEVARD
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:

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEOD
Name GULMI, CLAIRE
Address 7700 WEST SUNRISE BOULEVARD
City-State-Zip: PLANTATION FL 33322

Title P/D
Name COWARD, ROBERT
Address 7700 WEST SUNRISE BOULEVARD
City-State-Zip: PLANTATION FL 33322

Title VP/S
Name MARCUS, JILLIAN
Address 7700 WEST SUNRISE BOULEVARD
City-State-Zip: PLANTATION FL 33322

Title VP/T
Name EASTRIDGE, KEVIN
Address 7700 WEST SUNRISE BOULEVARD
City-State-Zip: PLANTATION FL 33322

Title VP
Name ANDRULONIS, PAUL A MD
Address 7700 WEST SUNRISE BOULEVARD
City-State-Zip: PLANTATION FL 33322

Title AS
Name SANTARONE, STACY
Address 7700 WEST SUNRISE BOULEVARD
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: JILLIAN MARCUS

VP

10/26/2016

Electronic Signature of Signing Officer/Director Detail

Date