

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000072542

**FILED  
Jun 29, 2020  
Secretary of State  
8057897060CC**

**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            SMITH, M.D., DOUGLAS  
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**

**06/29/2020**

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

\_\_\_\_\_  
Date