

1.) CORPORATION NAME:

SHERIDAN HEALTHY HEARING SERVICES, INC.

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1795220**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

FL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1613 NORTH HARRISON PARKWAY SUITE 200

CITY/ST/ZIP: SUNRISE, FL 33323

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: ROBERT J COWARD TITLE: PRESIDENT ADDRESS: 1613 N HARRISON PARKWAY SUITE 200 CITY/ST/ZIP/CO: SUNRISE, FL 33323</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Barry Chandler TITLE: SVP ADDRESS: 1613 N HARRISON PARKWAY SUITE 200 CITY/ST/ZIP/CO: SUNRISE, FL 33323</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAY A MARTUS TITLE: EXEC VP/SEC ADDRESS: 1613 N HARRISON PARKWAY SUITE 200 CITY/ST/ZIP/CO: SUNRISE, FL 33323</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: John Carlyle TITLE: CEO ADDRESS: 1613 N HARRISON PARKWAY SUITE 200 CITY/ST/ZIP/CO: SUNRISE, FL 33323</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Caroline Coyle TITLE: COO ADDRESS: 1613 N HARRISON PARKWAY SUITE 200 CITY/ST/ZIP/CO: SUNRISE, FL 33323</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: M. Richard Auerbach TITLE: SVP ADDRESS: 1613 North Harrison Parkway Suite 200 CITY/ST/ZIP/CO: Sunrise, FL 33323</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	Jillian Marcus	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1613 North Harrison Parkway Suite 200		
CITY/ST/ZIP/CO:	Sunrise, FL 33323		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROBERT J COWARD	ROBERT J COWARD, PRESIDENT	2/13/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.