

1.) CORPORATION NAME:

**SHERIDAN HEALTHY HEARING SERVICES, INC.**

DUE DATE: **7/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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: PRES &amp; DIRECTOR 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: JILLIAN MARCUS TITLE: VICE PRESIDENT ADDRESS: 1613 NORTH 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 &amp; DIRECTOR 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: 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
<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

NAME:	THOMAS KIRALY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	1613 N 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.

<u>/s/ ROBERT J COWARD</u>	<u>ROBERT J COWARD, PRES &amp;</u>	<u>5/26/2015</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DIRECTOR 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.