

1.) CORPORATION NAME:

**SHERIDAN EMERGENCY PHYSICIAN SERVICES
OF VIRGINIA, INC.**

DUE DATE: **4/30/2011**

SCC ID NO: **F1822875**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

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

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.

NAME:	ROBERT J COWARD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1613 N HARRISON PARKWAY SUITE 200		
CITY/ST/ZIP/CO:	SUNRISE, FL 33323-		
NAME:	JAY A MARTUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	EXEC VP, SEC		
ADDRESS:	1613 N HARRISON PARKWAY SUITE 200		
CITY/ST/ZIP/CO:	SUNRISE, FL 33323-		
NAME:	MITCHELL EISENBERG	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	1613 N HARRISON PARKWAY SUITE 200		
CITY/ST/ZIP/CO:	SUNRISE, FL 33323-		
NAME:	MARK WALTER	<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-		
NAME:	LEWIS GOLD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1613 N HARRISON PARKWAY SUITE 200		
CITY/ST/ZIP/CO:	SUNRISE, FL 33323-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	STEVEN GEVAS		
TITLE:	VICE PRESIDENT		
ADDRESS:	1613 N. HARRISON PARKWAY		
	SUITE 200		
CITY/ST/ZIP/CO:	SUNRISE, FL 33323-		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JILLIAN MARCUS		
TITLE:	VICE PRESIDENT		
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/ JAY A MARTUS</u>	<u>JAY A MARTUS, EXEC VP, SEC</u>	<u>1/31/2012</u>
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.