

1.) CORPORATION NAME: SHERIDAN ANESTHESIA SERVICES OF VIRGINIA, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: FL	DUE DATE: 4/30/2015 SCC ID NO: F1823105 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

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 TITLE: PRESIDENT ADDRESS: 1613 N HARRISON PARKWAY SUITE 200 CITY/ST/ZIP/CO: SUNRISE, FL 33323	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JILLIAN MARCUS 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	
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NAME: JAY A MARTUS TITLE: EXEC VP, SEC ADDRESS: 1613 N HARRISON PARKWAY SUITE 200 CITY/ST/ZIP/CO: SUNRISE, FL 33323	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: JOHN CARLYLE TITLE: CEO ADDRESS: 1613 N HARRISON PARKWAY SUITE 200 CITY/ST/ZIP/CO: SUNRISE, FL 33323	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: THOMAS KIRALY TITLE: CFO ADDRESS: 1613 N HARRISON PARKWAY SUITE 200 CITY/ST/ZIP/CO: SUNRISE, FL 33323	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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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	5/26/2015
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.