

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Joseph B. Martinez
Secretary of State
CORPORATION INFORMATION

**APPROVED
AND
FILED**

MAY -1 AM 4:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F89124**

(4)

SUNLIFE OB-GYN SERVICES, INC.

JAN 9

(PRINT OR WRITE IN THIS SPACE)

1. Principal Office Location 2828 CROASDAILE DR DURHAM NC 27705 US		2b. Mailing Address ATTENTION: TAX DEPARTMENT P O BOX 15309 DURHAM NC 27704 US		3. Date This Report is Due 06/30/1982	3a. Date of Last Report 05/01/1984
2. Previous Report Number 21	2b. Mailing Address	4. FEI Number 59-2209062		Appeared For Not Applicable	
22. State of Report	27. State of Mailing	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Tax Status	25. Tax Status	29. Tax Status		30. Tax Status	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Accepted)	
83. City	
	FL

11. Pursuant to the provisions of sections 607.01, 607.02, and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to a registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of such agents under Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
NAME STREET ADDRESS CITY & STATE	AT HALE, ALAN 2828 CROASDAILE DR. DURHAM NC	1. NAME 1. STREET ADDRESS 1. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY & STATE	D FATER, DAVID H 2828 CROASDAILE DR. DURHAM NC	2. NAME 2. STREET ADDRESS 2. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY & STATE	AS JACOBS, JOANN 2828 CROASDAILE DR. DURHAM NC	3. NAME 3. STREET ADDRESS 3. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY & STATE	TD LYNCH, SALLY S. 2828 CROASDAILE DR. DURHAM NC	4. NAME 4. STREET ADDRESS 4. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY & STATE	DP WALLS, BERTRAM, M.D. 2828 CROASDAILE DR. DURHAM NC	5. NAME 5. STREET ADDRESS 5. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY & STATE	S SAPHR, THOMAS W 2828 CROASDAILE DRIVE DURHAM NC	6. NAME 6. STREET ADDRESS 6. CITY & STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is accurate, furnished and does not comply for the oversight stated in the laws of the State of Florida. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall be the same as the legal name of the individual who is the officer or director of the corporation or the receiver or trustee appointed to carry out the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attached form with an address.

SIGNATURE: *Bertram E. Walls, M.D.* 4-28-95 919-383-0355
PRINT AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*File as part of a consolidated group