

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90008 020 ***550.00

DOCUMENT # P99000012196

1. Entity Name
SUNLIFE OB/GYN SERVICES OF FT. LAUDERDALE, P.A.

Principal Place of Business Mailing Address
15 S.E. 16TH ST. FT. LAUDERDALE FL 33316 **15 S.E. 16TH ST. FT. LAUDERDALE FL 33316**

UUU8U372



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2828 Croasdaile Dr **2828 Croasdaile Dr**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Durham, NC **Durham, NC**
 City & State City & State
Durham, NC **Durham, NC**

4. FEI Number Applied For
62-1769914 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 Zip Country Zip Country
27705 **27705**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 11. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director, VP <input type="checkbox"/> Delete Steven M. Scott, M.D. 2828 Croasdaile Dr Durham, NC 27705 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres <input type="checkbox"/> Delete Jeff Gold 1600 S Federal Hwy, Suite 300 Pompano Beach, FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEO <input type="checkbox"/> Delete Tom Lowe, M.D. 1600 S Federal Hwy, Suite 300 Pompano Beach, FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sec/Treas <input type="checkbox"/> Delete Anita S. Wegner 2828 Croasdaile Dr Durham, NC 27705 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Asst Sec <input type="checkbox"/> Delete Robert Bass, M.D. 1600 S Federal Hwy, Suite 300 Pompano Beach, FL 33062 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anita S. Wegner **REQUIRED** Anita S. Wegner, Secretary 07-27-00 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 15/00