

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90172 012 \*\*\*150.00

CR21348 AT

**DOCUMENT # P99000012196**

1. Entity Name

**SUNLIFE OB/GYN SERVICES OF FT. LAUDERDALE, P.A.**

Principal Place of Business

**2828 CROASDAILE DR  
DURHAM NC 27705**

Mailing Address

**2828 CROASDAILE DR  
DURHAM NC 27705**

2. Principal Place of Business

**1600 S Federal Hwy**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State  
**Pompano Beach, FL**

City &amp; State

Zip  
**33062**

Country

Zip

Country

4. FEI Number

**62-1769914**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
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  
**DVP  
SCOTT, STEVEN  
2828 CROASDAILE DR  
DURHAM NC 27705** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
GOLD, JEFF  
1600 S FEDERAL HWY STE 300  
POMPAÑO BEACH FL 33062** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
LOWE, TOM  
1600 S FEDERAL HWY STE 300  
POMPAÑO BEACH FL 33062** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
WEGNER, ANITA  
2828 CROASDAILE DR  
DURHAM NC 27705** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**AS  
BASS, ROBERT  
1600 S FEDERAL HWY STE 300  
POMPAÑO BEACH FL 33062** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Bruce Broadbelt  
2828 Croasdaile Dr  
Durham, NC 27705** ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Anita S. Wegner, Secretary 01-10-02 919 383 0355**

Date

Daytime Phone #

CR2E034 (9/01)