

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90287 034 \*\*\*150.00

**DOCUMENT # P99000012196**  
 1. Entity Name  
 SUNLIFE OB/GYN SERVICES OF FT. LAUDERDALE, P.A.



Principal Place of Business: 1000 PARK FORTY PLAZA, DURHAM, NC 27713  
 Mailing Address: 1000 PARK FORTY PLAZA, DURHAM, NC 27713

50023467



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country  
 3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

01252005 Chg-P CR2E034 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 MAKE CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: DRESNICK, STEPHEN J MD STREET ADDRESS: 2828 CROASDAILE DR CITY-ST-ZIP: DURHAM, NC 27705	<input type="checkbox"/> Delete	TITLE: PDS NAME: DRESNICK, STEPHEN J MD STREET ADDRESS: 1000 PARK FORTY PLAZA SUITE 500 CITY-ST-ZIP: DURHAM, NC 27713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VS NAME: DAUCHERT, EUGENE F JR STREET ADDRESS: 2828 CROASDAILE DRIVE CITY-ST-ZIP: DURHAM, NC 27705	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: DAVIS, TAMMY STREET ADDRESS: 2828 CROASDAILE DRIVE CITY-ST-ZIP: DURHAM, NC 27705	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: SPOON, EILEEN E STREET ADDRESS: 2828 CROASDAILE DR CITY-ST-ZIP: DURHAM, NC 27705	<input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Stephen J Dresnick Date: 2/17/05 Daytime Phone #: 786-437-1600