

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012196

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

4101 NW 4TH STREET  
306  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

4101 NW 4TH STREET  
306  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 62-1769914      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BLISS, WINSTON O DR.  
4101 NW 4TH STREET  
306  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BLISS, WINSTON O DR  
Address: 4101 NW 4TH STREET, SUITE 306  
City-St-Zip: PLANTATION, FL 33317

Title: T  
Name: TOMBACK, MARK DR  
Address: 4101 NW 4TH STREET, SUITE 306  
City-St-Zip: PLANTATION, FL 33317

Title: S  
Name: CAMPBELL, THELMA  
Address: 4101 NW 4TH STREET, SUITE 306  
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WINSTON BLISS

PRES

04/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date