

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000012196

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

**Current Principal Place of Business:**

4101 NW 4TH STREET  
306  
PLANTATION, FL 33317

**Current Mailing Address:**

4101 NW 4TH STREET  
306  
PLANTATION, FL 33317

**FEI Number:** 62-1769914

**Certificate of Status Desired:** No

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

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

*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

**Officer/Director Detail :**

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

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

Title S  
Name CAMPBELL, THELMA  
Address 4101 NW 4TH STREET, SUITE 306  
City-State-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, MD

**PRESIDENT**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date