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.

PRESIDENT

SIGNATURE: WINSTON BLISS, MD

Electronic Signature of Signing Officer/Director Detail

2023 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

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

Officer/Director Detail :

	Title	Ρ	Title	т
	Name	BLISS, WINSTON ODR	Name	TOMBACK, MARK DR
	Address	4101 NW 4TH STREET, SUITE 306	Address	4101 NW 4TH STREET, SUITE 306
	City-State-Zip:	PLANTATION FL 33317	City-State-Zip:	PLANTATION FL 33317
	Title	S		
	Name	CAMPBELL, THELMA		
	Address	4101 NW 4TH STREET, SUITE 306		
	City-State-Zip:	PLANTATION FL 33317		

Certificate of Status Desired: Yes

FILED Feb 03, 2023 Secretary of State 4210073030CC

02/03/2023 Date

Date