#### 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

Electronic Signature of Signing Officer/Director Detail

## FEI Number: 62-1769914

## Name and Address of Current Registered Agent:

Electronic Signature of 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:

## (

Officer/Director Detail :			
Title	Р	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		

## 2019 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

PRESIDENT

### FILED Apr 04, 2019 Secretary of State 8610425146CC

Certificate of Status Desired: No

Date

Date