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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **J79159 (6)**

1. CORPORATION NAME
SUNLIFE OB/GYN SERVICES OF BROWARD COUNTY, INC.

9 1995

Principal Place of Business: **1600 South Andrews Ave., Room 319 West, Ft. Lauderdale, FL 33316**

Mailing Address: **ATTENTION: TAX DEPARTMENT, P O BOX 15309, DURHAM NC 27704**

JAN 9 1995

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **1600 South Andrews Ave., Room 319 West, Ft. Lauderdale, FL 33316**

2a. Mailing Address: **ATTENTION: TAX DEPARTMENT, P O BOX 15309, DURHAM NC 27704**

21. Suite Apt # etc: **Room 319 West**

22. City & State: **Ft. Lauderdale, FL**

23. Zip: **33316**

3. Date of Creation or Renewal: **06/23/1987**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **56-1570561**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.037 Florida Statute: Yes No

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324**

81. Name: _____

82. Street Address (P.O. Box Number is Not Acceptable): _____

83. _____

84. City: _____

85. Zip Code: **FL**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0141, and 607.1508, Florida Statute, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.0141, Florida Statute.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS ONLY	
NAME	PD WALLS, BERTRAM E 2828 CROASDAILE DR. DURHAM NC	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY, STATE		STREET ADDRESS	
ZIP		CITY, STATE	
NAME	AT HALE, ALAN 2828 CROASDAILE DR DURHAM NC	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY, STATE		STREET ADDRESS	
ZIP		CITY, STATE	
NAME	TD LYNCH, SALLY 2828 CROASDAILE DR DURHAM NC	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY, STATE		STREET ADDRESS	
ZIP		CITY, STATE	
NAME	DS GARDY, HARVEY E. 2828 CROASDAILE DR. DURHAM NC	TYPE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	Gardy, Harvey H., M.D.
CITY, STATE		STREET ADDRESS	
ZIP		CITY, STATE	
NAME	AS JACOBS, JOANN 2828 CROASDAILE DR DURHAM NC	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY, STATE		STREET ADDRESS	
ZIP		CITY, STATE	
NAME	AS SWEESY, TONI M 2828 CROASDAILE DRIVE DURHAM NC	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY, STATE		STREET ADDRESS	
ZIP		CITY, STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.071, Florida Statute. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am available or able to be held for the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statute, and that my name appears in Block 13 of this report. I have not been convicted within an address.

SIGNATURE: *Bertram E. Walls* **Bertram E. Walls, M.D.**

4-28-95 919-383-0355

*File as part of a consolidated group