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**May 12 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**

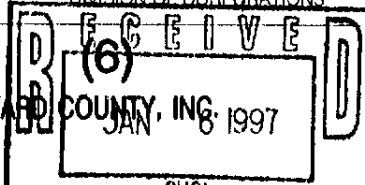


FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # J79159**

1. Corporation Name

**SUNLIFE OB/GYN SERVICES OF BROWARD COUNTY, INC.**



Principal Place of Business  
**2400 E COMMERCIAL BLVD  
STE 1100  
FT LAUDERDALE FL 33308  
US**

Mailing Address  
**CHGI  
CORPORATE TAX DEPARTMENT  
ATTENTION: TAX DEPARTMENT  
P O BOX 15309  
DURHAM NC 27704-0309  
US**

3. Date Incorporated or Qualified <b>06/23/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>56-1570561</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes * <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, 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, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PD VALLI, KATHLEEN A.</b>	<input type="checkbox"/>
NAME	<b>2400 E COMMERCIAL BLVD STE 1100</b>	
STREET ADDRESS	<b>FT LAUDERDALE FL</b>	
CITY-ST-ZIP		
TITLE	<b>AT KENNEDY, JONATHAN E.</b>	<input checked="" type="checkbox"/>
NAME	<b>3608 MAYFAIR ST</b>	
STREET ADDRESS	<b>DURHAM NC</b>	
CITY-ST-ZIP		
TITLE	<b>TD LYNCH, SALLY</b>	<input checked="" type="checkbox"/>
NAME	<b>2828 CROASDALE DR</b>	
STREET ADDRESS	<b>DURHAM NC</b>	
CITY-ST-ZIP		
TITLE	<b>SD BREDESON, CHRISTOPHER</b>	<input checked="" type="checkbox"/>
NAME	<b>2400 E COMMERCIAL BLVD STE 1100</b>	
STREET ADDRESS	<b>FT LAUDERDALE FL</b>	
CITY-ST-ZIP		
TITLE	<b>AS FIELDING, ROBIN</b>	<input type="checkbox"/>
NAME	<b>2400 E COMMERCIAL BLVD STE 1100</b>	
STREET ADDRESS	<b>FT LAUDERDALE FL</b>	
CITY-ST-ZIP		
TITLE	<b>AS MILES, KIMBERLY J.</b>	<input checked="" type="checkbox"/>
NAME	<b>2828 CROASDALE DRIVE</b>	
STREET ADDRESS	<b>DURHAM NC</b>	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>VP/D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>P</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>DOOLITTLE, KIRK</b>		
2.3 STREET ADDRESS	<b>2828 CROASDALE DRIVE</b>		
2.4 CITY-ST-ZIP	<b>DURHAM, NC 27705</b>		
3.1 TITLE	<b>VP/D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>JACKSON, BRETT L.</b>		
3.3 STREET ADDRESS	<b>2828 CROASDALE DRIVE</b>		
3.4 CITY-ST-ZIP	<b>DURHAM, NC 27705</b>		
4.1 TITLE	<b>VP</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>SMITH, PAULA</b>		
4.3 STREET ADDRESS	<b>2828 CROASDALE DRIVE</b>		
4.4 CITY-ST-ZIP	<b>DURHAM, NC 27705</b>		
5.1 TITLE	<b>VP/S</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<b>AS</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	<b>SNEDEKER, ANGELA M.</b>		
6.3 STREET ADDRESS	<b>DURHAM, NC 27705</b>		
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated 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 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Angela M. Snedeker*

CR2E034 (9/96)

**ATTACHMENT  
1997 PROFIT CORPORATION  
ANNUAL REPORT  
STATE OF FLORIDA**

**SUNLIFE OB/GYN SERVICES OF BROWARD COUNTY, INC  
FEIN: 56-1570561**

**ADDITIONAL OFFICERS AND DIRECTORS**

<b>TITLE</b>	Director
<b>NAME</b>	Tom Lowe, M.D.
<b>STREET ADDRESS</b>	2828 Croasdaile Drive
<b>CITY-ST-ZIP</b>	Durham, NC 27705