

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J79159 (6)
 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 ATTENTION: TAX DEPARTMENT P O BOX 15309 DURHAM NC 27704 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1600 S Federal Hwy Suite, Apt. #, etc. 22 Suite 300 City & State 23 Pompano Beach FL Zip Country 24 33062 25	2a. Mailing Address 26 P.O. Box 61179 Suite, Apt. #, etc. 27 City & State 28 Durham NC Zip Country 29 27715 30
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3. Date Incorporated or Qualified 06/23/1987	4. FEI Number 56-1570561	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	VALLI, KATHLEEN A.	
STREET ADDRESS	2400 E COMMERCIAL BLVD STE 1100	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DOOLITTLE, KIRK	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, BRETT L	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, PAULA	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	FIELDING, ROBIN	
STREET ADDRESS	2400 E COMMERCIAL BLVD STE 1100	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MILES, KIMBERLY J.	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steven M. Scott MD	
1.3 STREET ADDRESS	2828 Croasdaile Drive	
1.4 CITY-ST-ZIP	Durham NC 27705	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Victor Kalafa	
2.3 STREET ADDRESS	2828 Croasdaile Drive	
2.4 CITY-ST-ZIP	Durham NC 27705	
3.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jeffrey Gold	
3.3 STREET ADDRESS	2828 Croasdaile Drive	
3.4 CITY-ST-ZIP	Durham NC 27705	
4.1 TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tom Lowe MD	
4.3 STREET ADDRESS	1600 S Federal Hwy	
4.4 CITY-ST-ZIP	Pompano Beach FL 33062	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Bruce Rector	
5.3 STREET ADDRESS	2828 Croasdaile Drive	
5.4 CITY-ST-ZIP	Durham NC 27705	
6.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Anita S Wegner	
6.3 STREET ADDRESS	2828 Croasdaile Drive	
6.4 CITY-ST-ZIP	Durham NC 27705	

14. I 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.

CF2E034 (10/97)