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Mar 03, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J79159

1. Corporation Name
SUNLIFE OB/GYN SERVICES OF BROWARD COUNTY, INC.

Principal Place of Business 1600 S FEDERAL HIGHWAY SUITE 300 POMPANO BEACH FL 33062 US	Mailing Address P O BOX 61179 DURHAM NC 27715 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/23/1987	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
4. FEI Number 56-1570561	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	SCOTT, STEVEN M MD
STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC 27705
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KALAFI, VICTOR
STREET ADDRESS	2828 CROASDAILE DR
CITY-ST-ZIP	DURHAM NC 27705
TITLE	P <input type="checkbox"/> DELETE
NAME	GOLD, JEFFREY
STREET ADDRESS	2828 CROASDAILE DR
CITY-ST-ZIP	DURHAM NC 27705
TITLE	CEO <input type="checkbox"/> DELETE
NAME	LOWE, TOM M
STREET ADDRESS	1600 S FEDERAL HIGHWAY
CITY-ST-ZIP	POMPANO BEACH FL 33062
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	RECTOR, BRUCE
STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC 27705
TITLE	ST <input type="checkbox"/> DELETE
NAME	WEGNER, ANITA S
STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC 27705

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Assistant Secretary
1.3 STREET ADDRESS	Robert Bass, M.D.
1.4 CITY-ST-ZIP	1600 S. Federal Highway Pompano Beach, FL 33062
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Anita S. Wegner Anita S. Wegner, Secretary 1-26-99 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)