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

Mailing Address

**DURHAM NC 27715** 

P O BOX 61179

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # J79159

Principal Place of Business

1600 S FEDERAL HIGHWAY

POMPANO BEACH FL 33062

SUITE 300

SUNLIFE OB/GYN SERVICES OF BROWARD COUNTY, INC.

Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	
Suite, Apt. 8, etc. 27 27 28 City & State 29 Country 20	21		26			56-1570561	No	t Applicable	
City & State			<b>⊢</b>		_	\$8.75 Additional			
Added to Foes    Zip						6. Election Campaign Financing —	\$5.00	May Be	
Zip	¬ • · · · · · · · · · · · · · · · · · ·								
Solution		Country		Country		8. This corporation owes the current year	Intangible		
9. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 120 S. PINE ISLAND ROAD PLANTATION FL 33324  81	<del>-</del>			5				□No	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324  81  62  Street Address (P.O. Box Number is Not Acceptable)  83  64  65  67  67  68  68  68  68  69  60  60  60  60  60  60  60  60  60	<u>1</u>			<u> </u>	10. Name and Address of New Registered Agent				
1200 S. PINE ISLAND ROAD   PLANTATION FL 33324   B4					Name				
13. 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 (505, Florida Statutes.)  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SCOTT, STEVEN M MD  DELETE  1.1 TITLE  D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.2 LYANAE  1.3 STREET ADDRESS TO OFFICERS AND DIRECTORS IN 12  1.3 STREET ADDRESS AND DIRECTORS IN 12  1.4 CITY-ST-2P  Change  Addition  STREET ADDRESS AND DIRECTORS IN 12  1.4 CITY-ST-2P  DURHAM NC 27705  TITLE  D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  1.4 CITY-ST-2P  Change  Addition  Addition  Addition  Addition  Addition  Addition  Change  Addition  CEO  DURHAM NC 27705  TITLE  P. DURHAM NC 27705  TITLE  TITLE  CEO  DURHAM NC 27705  TITLE  ST DURHAM NC 27705  TITLE  ST DURHAM NC 27705  DURHAM NC 27705  TITLE  ST DURHAM NC 27705  DURHAM NC 277	CT CORPORATION SYSTEM				CO Ct Add (D.C. Day Murchas in Not Acceptable)				
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 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, and accept the obligations of, Section 607 0505, Florida Statutes.  SIGNATURE    12.	1200 S. PINE ISLAND ROAD				52 Street Address (P.O. Box Number is Not Acceptable)				
17. 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 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 and both agent, in the State of Florida. Statutes.  SIGNATURE  12.	PLANTATION FL 33324			83	.,,				
17. 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 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 and both agent, in the State of Florida. Statutes.  SIGNATURE  12.							TT***		
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, i.e. 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.e. minimis with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE D				84	City	F	F   85  ∠ip (	Jode	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. In nerety accept time appointment as registered agent. I am familiar with, and accept the obligations of, Section 607/505/516/indications. Finding agent. I am familiar with, and accept the obligations of, Section 607/505/516/indications. Finding agent. I am familiar with, and accept the obligations of, Section 607/505/516/da Statutes. Finding agent agent and that if applicable. [NOTE: Registered Agent agentage when reinstating).  DIFFECTION 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ASSISTANT SECRETARY Change Change XXX Addition NAME  SCOTT, STEVEN M MD  SECOTT, STEVEN M MD	41 December 10 Ceptions 607 0502 and 607 1509. Florida Statutes the above named corporation submits this statement for the number of changing its registered								
SIGNATURE   Signature, typed or printed name of impaisered agent and tile of applicable.   INOTE Registered Agent equations required when reinstating)   DATE	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								
12.	agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE    Shoothard brand or probled parts of regulated expert and this if applicable (NOTE: Registered Apent signature required when reinstating)  DATE								
Delete   Delete   Scott, Steven M MD   Scott, Ste				<u> </u>			AND DIRECTO	RS IN 12	
NAME   SCOTT, STEVEN M MD   12 NAME   13 STREET ADDRESS   2828 CROASDAILE DRIVE   13 STREET ADDRESS   14 CTTY-ST-ZP   27 NAME   12 NAME   13 STREET ADDRESS   14 CTTY-ST-ZP   27 NAME   15 NAME   1	TITLE				Λ.α	eigtant Cooratary	☐ Change	XX Addition	
STREET ADDRESS OURHAM NC 27705  TITLE  D  CHAPT ST.ZIP  DURHAM NC 27705  TITLE  P  CHAPT ST.ZIP  DURHAM NC 27705  TITLE  CEO  DELETE  4.1TITLE  CHAPT ST.ZIP  CHAPT ST.			N M MD						
DURHAM NC 27705				1.3 STREET					
TITLE				ľ	Po	mpano Beach, FL 33062			
NAME   KALAFA, VICTOR   22 NAME   23 STREET ADDRESS   24 CROASDAILE DR   23 STREET ADDRESS   24 CROASDAILE DR   24 CROASDAILE DR   24 CROASDAILE DR   24 CROASDAILE DR   25 CROASDAILE DR   25 NAME   25 NAME   25 NAME   26 NAME   26 NAME   26 NAME   26 NAME   26 NAME   27 NAM					<u></u>		☐ Change	☐ Addition	
2828 CROASDAILE DR   23 STREET ADDRESS   24 CITY-ST-ZIP   DURHAM NC 27705   24 CITY-ST-ZIP   DURHAM NC 27705   24 CITY-ST-ZIP   DELETE   3.1 TITLE   Change   Addition   Addit	1			22 NAME					
DURHAM NC 27705   2 4 CITY-ST-ZIP   DURHAM NC 27705   31 TITLE     Change   Addition	}	·		23 STREET	ADDRESS				
TITLE	!								
NAME   GOLD, JEFFREY   32 NAME   33 STREET ADDRESS   CITY-ST-ZIP   DURHAM NC 27705   34. CITY-ST-ZIP   TITLE   CEO   Change   Addition   Change   Addition   Change   Addition   Change   CITY-ST-ZIP   CITY   CHANGE   CITY-ST-ZIP   CITY   CHANGE   CITY-ST-ZIP   CHANGE					1-20	· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition	
2828 CROASDAILE DR DURHAM NC 27705  33.5TREET ADDRESS CITY-ST-ZIP TITLE CEO DELETE 4.1TITLE LOWE, TOM M 4.2 NAME 1600 S FEDERAL HIGHWAY 4.3 STREET ADDRESS CITY-ST-ZIP TITLE VP MAME RECTOR, BRUCE STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DURHAM NC 27705  TITLE ST DURHAM NC 27705  DELETE 6.1 TITLE ST DURHAM NC 27705  DELETE 6.1 TITLE GChange Addition Addition  Change Addition Addition  Change CITY-ST-ZIP DURHAM NC 27705  DELETE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP DURHAM NC 27705  DELETE 6.3 STREET ADDRESS CITY-ST-ZIP DURHAM NC 27705  CHANGE CITY-ST-ZIP DURHAM NC 27705		<u> </u>		3.2 NAME					
DURHAM NC 27705   3.4. CITY-ST-ZIP   DURHAM NC 27705   3.4. CITY-ST-ZIP   CEO	i	GOED, OCITIET			ADDRESS				
TITLE CEO DELETE 4.1 TITLE Addition  NAME LOWE, TOM M  STREET ADDRESS 1600 S FEDERAL HIGHWAY  OTIV-ST-ZIP POMPANO BEACH FL 33062  Addition  NAME RECTOR, BRUCE  STREET ADDRESS 2828 CROASDAILE DRIVE  OTIV-ST-ZIP  DURHAM NC 27705  TITLE  ST DELETE 6.1 TITLE  ST DELETE 6.1 TITLE  ST DELETE 6.1 TITLE  NAME  WEGNER, ANITA S  STREET ADDRESS 6.3 STREET ADDRESS  STREET ADDRESS 6.3 STREET ADDRESS  STREET ADDRESS 6.3 STREET ADDRESS  DURHAM NC 27705  DURHAM NC 27705  GA CITY-ST-ZIP	}				1				
NAME LOWE, TOM M STREET ADDRESS 1600 S FEDERAL HIGHWAY POMPANO BEACH FL 33062 44 CITY-ST-ZIP TITLE VP STREET ADDRESS 2828 CROASDAILE DRIVE STREET ADDRESS CITY-ST-ZIP DURHAM NC 27705 54 CITY-ST-ZIP TITLE ST NAME WEGNER, ANITA S STREET ADDRESS 2828 CROASDAILE DRIVE DELETE 6.1 TITLE ST NAME WEGNER, ANITA S STREET ADDRESS 2828 CROASDAILE DRIVE G.3 STREET ADDRESS CITY-ST-ZIP DURHAM NC 27705 6.3 STREET ADDRESS DURHAM NC 27705 6.4 CITY-ST-ZIP DURHAM NC 27705							Change	Addition	
STREET ADDRESS  1600 S FEDERAL HIGHWAY  POMPANO BEACH FL 33062  4.4 CITY-ST-ZIP  TITLE  VP  NAME  RECTOR, BRUCE  STREET ADDRESS  CITY-ST-ZIP  DURHAM NC 27705  DURHAM NC 27705  DELETE  6.1 TITLE  ST  DELETE  6.1 TITLE  ST  DELETE  6.2 NAME  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  DURHAM NC 27705  G.2 NAME  6.3 STREET ADDRESS  DURHAM NC 27705  G.3 STREET ADDRESS  DURHAM NC 27705  G.3 STREET ADDRESS  DURHAM NC 27705  G.4 CITY-ST-ZIP  DURHAM NC 27705  G.5 STREET ADDRESS  DURHAM NC 27705  G.6 STREET ADDRESS  DURHAM NC 27705  G.7 STREET ADDRESS  DURHAM NC 27705									
CITY-ST-ZIP   POMPANO BEACH FL 33062					ADDRESS				
TITLE VP SET DELETE 5.1 TITLE CHange Addition  NAME RECTOR, BRUCE  STREET ADDRESS 2828 CROASDAILE DRIVE  CITY-ST-ZIP  DURHAM NC 27705  STREET ADDRESS 6.2 NAME  6.2 NAME  STREET ADDRESS 2828 CROASDAILE DRIVE  G.3 STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP  DURHAM NC 27705  6.4 CITY-ST-ZIP  DURHAM NC 27705  6.4 CITY-ST-ZIP  DURHAM NC 27705  6.4 CITY-ST-ZIP					1				
NAME RECTOR, BRUCE  STREET ADDRESS  CITY-ST-ZIP  DURHAM NC 27705  DELETE  6.2 NAME  STREET ADDRESS  CITY-ST-ZIP  DURHAM NC 27705  C12 NAME  STREET ADDRESS  C13 NAME  WEGNER, ANITA S  STREET ADDRESS  C13 STREET ADDRESS  C14 CITY-ST-ZIP  DURHAM NC 27705  6.4 CITY-ST-ZIP  DURHAM NC 27705  6.4 CITY-ST-ZIP  DURHAM NC 27705  6.5 NAME  6.6 CITY-ST-ZIP		- 1					☐ Change	Addition	
STREET ADDRESS 2828 CROASDAILE DRIVE DURHAM NC 27705 5.4 CITY-ST-ZIP TITLE ST NAME WEGNER, ANITA S STREET ADDRESS 2828 CROASDAILE DRIVE 6.1 TITLE 6.2 NAME STREET ADDRESS CITY-ST-ZIP DURHAM NC 27705 6.4 CITY-ST-ZIP DURHAM NC 27705 6.4 CITY-ST-ZIP		**					_ <del>-</del>		
City-st-zip   DURHAM NC 27705   5.4 City-st-zip				5.3 STREET	ADDRESS				
TITLE ST DELETE 6.1 TITLE ST Change Addition  NAME WEGNER, ANITA S  STREET ADDRESS  2828 CROASDAILE DRIVE 6.3 STREET ADDRESS  CITY-ST-ZIP DURHAM NC 27705 6.4 CITY-ST-ZIP	1			5.4 CITY-ST	-ZIP				
NAME WEGNER, ANITA S STREET ADDRESS 2828 CROASDAILE DRIVE 0.3 STREET ADDRESS DURHAM NC 27705 6.4 CITY-ST-ZIP DURHAM NC 27705		DOTT PAIR THE 27700			-		Change	☐ Addition	
STREET ADDRESS 2828 CROASDAILE DRIVE 6.3 STREET ADDRESS DURHAM NC 27705 6.4 CITY-ST-ZIP				6.2 NAME					
CITY-ST-ZIP DURHAM NC 27705 6.4 CITY-ST-ZIP		· ·		6.3 STREET	ADDRESS				
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					1				
	14. Lhereby o	certify that the information supplied with	this filing does not qualify for th			ection 119.07(3)(i), Florida Statutes. I further	certify that the i	nformation	

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 ar 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 chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Anita S. Wegner, Secretary

**FILED** 

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90051 025 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

06/23/1987

919-383-0355