

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**  
 03-27-2001 90042 050 \*\*\*150.00

UBR02/01

**DOCUMENT # J79159**  
 1. Entity Name  
**SUNLIFE OB/GYN SERVICES OF BROWARD COUNTY, P.A.**

Principal Place of Business <b>1600 S FEDERAL HIGHWAY          SUITE 300          POMPANO BEACH FL 33062          US</b>	Mailing Address <b>P O BOX 61179          DURHAM NC 27715          US</b>
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**00028803**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number <b>56-1570561</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b>
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>DVP</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, STEVEN M MD</b>	
STREET ADDRESS	<b>2828 CROASDAILE DRIVE</b>	
CITY-ST-ZIP	<b>DURHAM NC 27705</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> Delete
NAME	<b>BASS, ROBERT MD</b>	
STREET ADDRESS	<b>1600 S. FEDERAL HWY</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GOLD, JEFFREY</b>	
STREET ADDRESS	<b>2828 CROASDAILE DR</b>	
CITY-ST-ZIP	<b>DURHAM NC 27705</b>	
TITLE	<b>CEO</b>	<input type="checkbox"/> Delete
NAME	<b>LOWE, TOM M</b>	
STREET ADDRESS	<b>1600 S FEDERAL HIGHWAY</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33062</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>WEGNER, ANITA S</b>	
STREET ADDRESS	<b>2828 CROASDAILE DRIVE</b>	
CITY-ST-ZIP	<b>DURHAM NC 27705</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Anita S Wegner Date: 3.20.01 Daytime Phone #: 919.383-2683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)