

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90331 036 ***150.00

0622850 AT

DOCUMENT # J79159

1. Entity Name
SUNLIFE MATERNAL CHILD NETWORK, P.A.



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**



2. Principal Place of Business
300 SE 17th St

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
FORT LAUDERDALE, FL

Zip
33316

City & State
City & State

4. FEI Number
56-1570561

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Applied For
Not Applicable

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 **FL** 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** Delete
NAME **SCOTT, STEVEN M MD**
STREET ADDRESS **2828 CROASDAILE DRIVE**
CITY-ST-ZIP **DURHAM NC 27705**

TITLE **DVP** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** Delete
NAME **BASS, ROBERT MD**
STREET ADDRESS **1600 S. FEDERAL HWY**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE Change Addition
NAME
STREET ADDRESS **1600 S. ANDREWS AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **P** Delete
NAME **GOLD, JEFFREY**
STREET ADDRESS **2828 CROASDAILE DR**
CITY-ST-ZIP **DURHAM NC 27705**

TITLE Change Addition
NAME
STREET ADDRESS **300 SE 17th St, 3rd FL**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **CEO** Delete
NAME **LOWE, TOM M**
STREET ADDRESS **1600 S FEDERAL HIGHWAY**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE Change Addition
NAME
STREET ADDRESS **LOWE, Tom M.D.**
CITY-ST-ZIP **9970 CENTRAL PARK BLVD, STE 101 BOCA RATON, FL 33428**

TITLE **ST** Delete
NAME **WEGNER, ANITA S**
STREET ADDRESS **2828 CROASDAILE DRIVE**
CITY-ST-ZIP **DURHAM NC 27705**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Change Addition
NAME **BROADBELT BRUCE**
STREET ADDRESS **2828 CROASDAILE DR**
CITY-ST-ZIP **DURHAM, NC 27705**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 919-383-0355
Date Daytime Phone #

CR2E034 (10/02)