

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J79159

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



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

01-27-2003 90331 036 \*\*\*150.00

06/28/03 AT

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.

City & State  
FORT LAUDERDALE, FL  
Zip 33316 Country

City & State  
Zip Country

4. FEI Number 56-1570561

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

## 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  
NAME SCOTT, STEVEN M MD  
STREET ADDRESS 2828 CROASDAILE DRIVE  
CITY-ST-ZIP DURHAM NC 27705 ☐ Delete

TITLE DVP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

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

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

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

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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**

1/15/03

919-383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)