

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-08-2002 90085 021 ****50.00

DOCUMENT # L00000009905

1. Entity Name

SUNLIFE SERVICES OF PALM BEACH COUNTY, LLC ✓

Principal Place of Business

**2828 CROASDALE DRIVE
DURHAM NC 27705**

Mailing Address

**2828 CROASDALE DRIVE
DURHAM NC 27705**

90648



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

56-2210716

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

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 \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	P	<input type="checkbox"/> Delete
NAME	SCOTT, STEVEN M M.D.	
STREET ADDRESS	2828 CROASDALE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAUCHERT, EUGENE F	
STREET ADDRESS	2828 CROASDALE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, TAMMY	
STREET ADDRESS	2828 CROASDALE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	V	<input type="checkbox"/> Delete
NAME	WEINER, MARC V	
STREET ADDRESS	2828 CROASDALE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ANDERSON, JOANN W	
STREET ADDRESS	2828 CROASDALE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE		<input type="checkbox"/> Delete
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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)