

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 JAN 28 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000000261

1. Entity Name

SUNLIFE BILLING GROUP, LLC

Principal Place of Business

300 SE 17TH ST
FT LAUDERDALE FL 33316

Mailing Address

300 SE 17TH ST
FT LAUDERDALE FL 33316

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

2828 Croasdaile Drive

Suite, Apt. #, etc.

City & State

Durham, NC

Zip

27705

Country

USA

4. FEI Number

65-1078336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GALLOWAY, AMY J ESQ
1700 E LAS OLAS BLVD
PENTHOUSE I
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

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

Connie Ogden

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/28/02
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE NAME ☐ Delete
MGRM
SCOTT MEDICAL GROUP LLC
STREET ADDRESS
2828 CROASDAILE DR
CITY-ST-ZIP
DURHAM NC 27705

TITLE NAME ☐ Delete
Jeffrey Gold, MGR
300 SE 17th St.
STREET ADDRESS
Ft. Lauderdale, FL 33316
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☐ Change ☐ Addition
300004853763--0
STREET ADDRESS
-02/01/02--01060--030
CITY-ST-ZIP
*****50.00 *****50.00

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

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

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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.

Joann W. Anderson, Secretary

SIGNATURE: *SIGNATURE REQUIRED* Scott Medical Group, LLC 01-23-02 919 383 0355

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

Date

Daytime Phone #

CR2E083 (9/01)