

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90013 049 ****50.00

DOCUMENT # L01000016414

1. Entity Name

NBHD OB/GYN AT RIO VISTA, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

300 SE 17th Street

Suite, Apt. #, etc.

3. Mailing Address

c/o Legal Department

Suite, Apt. #, etc.

2828 Croasdaile Drive

City & State

Ft. Lauderdale, FL

City & State

Durham, NC

4. FEI Number

56-2771069

Applied For

Not Applicable

Zip

33316

Country

USA

Zip

27705

Country

USA

5. Certificate of Status Desired ☐

\$5.00

Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CI CorporationSystem

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code
33324

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

MGRM

NAME

Sunlife Billing Group, LLC

STREET ADDRESS

300 SE 17th Street

CITY-ST-ZIP

Ft. Lauderdale, FL 33316

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

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IN THIS SPACE**

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:

Jeffrey Gold, Manager of

02-10-03

Sunlife Billing Group, LLC

954 355 5676

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

Date

Daytime Phone #

CR2E083B (12/02)