FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L33883** **(4)**

1. Corporation Name
SUNLIFE OB/GYN SERVICES OF FORT PIERCE, INC.

Principal Place of Business	Mailing Address
2828 CROASDAILE DRIVE [redacted] DURHAM, NC. 27705 US	ATTN: TAX DEPARTMENT P. O. BOX 15309 DURHAM, NC. 27704 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/05/1989	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)
4. FEI Number: 56-1679172 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent (if not listed above) NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	WALLS, BERTRAM E.	12 NAME		
STREET ADDRESS	2828 CROASDAILE DRIVE	13 STREET ADDRESS		
CITY ST ZIP	DURHAM NC	14 CITY ST ZIP		
TITLE	S	21 TITLE	S	☒ Change ☐ Addition
NAME	MORRIS, DALE	22 NAME	Spahr, Thomas W.	
STREET ADDRESS	2828 CROASDAILE DRIVE	23 STREET ADDRESS		
CITY ST ZIP	DURHAM NC	24 CITY ST ZIP		
TITLE	AS	31 TITLE		☐ Change ☐ Addition
NAME	JACOBS, JOANN	32 NAME		
STREET ADDRESS	2828 CROASDAILE DRIVE	33 STREET ADDRESS		
CITY ST ZIP	DURHAM NC	34 CITY ST ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	LYNCH, SALLY S.	42 NAME		
STREET ADDRESS	2828 CROASDAILE DRIVE	43 STREET ADDRESS		
CITY ST ZIP	DURHAM NC	44 CITY ST ZIP		
TITLE	AT	51 TITLE		☐ Change ☐ Addition
NAME	HALE, ALAN	52 NAME		
STREET ADDRESS	2828 CROASDAILE DR	53 STREET ADDRESS		
CITY ST ZIP	DURHAM NC	54 CITY ST ZIP		
TITLE	[redacted]	61 TITLE	Delete	☒ Change ☐ Addition
NAME	[redacted]	62 NAME		
STREET ADDRESS	[redacted]	63 STREET ADDRESS		
CITY ST ZIP	[redacted]	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bertram E. Walls 4-28-95 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bertram E. Walls, M.D.

0008808 CP