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CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

MAY -1 PM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L33931** **(1)**

1. Corporation Name
SUNLIFE OB/GYN SERVICES OF BOYNTON BEACH, INC.

FILED
JAN 9 1995
CORPORATE SYSTEM

Principal Place of Business	Mailing Address
2828 CROASDAILE DR 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) (27)

City & State (23) (28)

City (24) County (25) Zip (29) County (30)

4. FEI Number: **56-1679176** ☐ 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 C. 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 and title if applicable) (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 M.D.	12 NAME		
STREET ADDRESS	2828 CROASDAILE DRIVE	13 STREET ADDRESS		
CITY ST ZIP	DURHAM NC	14 CITY ST ZIP		
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	GARDY, HARVEY H M.D.	22 NAME		
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 CROSDAILE DRIVE	33 STREET ADDRESS	2828 Croasdaile Drive	
CITY ST ZIP	DURHAM NC	34 CITY ST ZIP		
TITLE	DT	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	D	61 TITLE		☒ Change ☐ Addition
NAME	LOWE, M.D. T	62 NAME	Lowe, Ton, MD	
STREET ADDRESS	2828 CROASDAILE DRIVE	63 STREET ADDRESS		
CITY ST ZIP	DURHAM NC	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 above/on an attachment with an address.

SIGNATURE: Bertram E. Walls DATE: **4-28-95** TELEPHONE #: **919-383-0355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Bertram E. Walls, M.D.

0000001 CP