FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995** 5-1-95 B635 ...

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

APPROVED AND FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 9 1995

DOCUMENT # M90440 (2)

1. Corporation Name

SUNLIFE OB/GYN SERVICES OF HOLLYWOOD, FLORIDA, INC.

Principal Place of Business	Mailing Address
2828 CROASDAILE DR. [redacted] DURHAM NC 27705 US	ATTN: TAX DEPARTMENT, P O BOX 15309 DURHAM NC 27704-0309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0074959	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 S. 199.032 Florida Statutes. ★	☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	AT	TITLE	☐ Change ☐ Addition
NAME	HALE, ALAN	NAME	
STREET ADDRESS	2828 CROASDAILE DR.	STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	WALLS, BERTRAM, M.D.	NAME	
STREET ADDRESS	2828 CROASDAILE DR	STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	GARDY, HARVEY H MD	NAME	
STREET ADDRESS	2828 CROASDAILE DR	STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	CITY-ST-ZIP	
TITLE	TD	TITLE	☒ Change ☐ Addition
NAME	LYNCH, SALLY	NAME	
STREET ADDRESS	2828 CROASDIALE DRIVE	STREET ADDRESS	2828 Croasdaile Dr.
CITY-ST-ZIP	DURHAM NC	CITY-ST-ZIP	
TITLE	AS	TITLE	☐ Change ☐ Addition
NAME	JACOBS, JOANN	NAME	
STREET ADDRESS	2828 CROASDAILE DR	STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	SPAHR, THOMAS W	NAME	
STREET ADDRESS	2828 CROASDAILE DR	STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	CITY-ST-ZIP	

14. I, the undersigned, 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, M.D. 4-28-95 919-383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

*Filed as part of a consolidated group

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