

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **M90440** (2)
1. Corporation Name
**SUNLIFE OB/GYN SERVICES OF HOLLYWOOD, FLORIDA, I
NC.**

Principal Place of Business Mailing Address
**2828 CROASDALE DR.
P O BOX 15309
DURHAM NC 27705
US** **ATTN: TAX DEPARTMENT
P O BOX 15309
DURHAM NC 27704-0309
US**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/21/1988	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0074959	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 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. City	
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

Signature typed or printed name of registered agent and the date of signature

(If the Registered Agent's signature requires a notary seal, attach it here)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT ☐ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	HALE, ALAN	1.2 NAME	VALLI, KATHLEEN A.
STREET ADDRESS	2828 CROASDALE DR.	1.3 STREET ADDRESS	6550 NORTH FEDERAL HIGHWAY, SUITE 300
CITY-ST-ZIP	DURHAM NC	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	PD ☐ DELETE	2.1 TITLE	VP/D ☒ Change ☐ Addition
NAME	WALLS, BERTRAM, M.D.	2.2 NAME	LOWE, TOM, M.D.
STREET ADDRESS	2828 CROASDALE DR	2.3 STREET ADDRESS	2828 CROASDALE DRIVE
CITY-ST-ZIP	DURHAM NC	2.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE	S ☐ DELETE	3.1 TITLE	S ☒ Change ☐ Addition
NAME	GARDY, HARVEY H MD	3.2 NAME	STERN, JOSEPH
STREET ADDRESS	2828 CROASDALE DR	3.3 STREET ADDRESS	2828 CROASDALE DRIVE
CITY-ST-ZIP	DURHAM NC	3.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE	TD ☐ DELETE	4.1 TITLE	T ☒ Change ☐ Addition
NAME	LYNCH, SALLY	4.2 NAME	FIELDING, ROBIN
STREET ADDRESS	2828 CROASDALE DR	4.3 STREET ADDRESS	2400 EAST COMMERCIAL BLVD, SUITE 1100
CITY-ST-ZIP	DURHAM NC	4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308
TITLE	AS ☐ DELETE	5.1 TITLE	AS ☒ Change ☐ Addition
NAME	JACOBS, JOANN	5.2 NAME	SNEDEKER, ANGELA M.
STREET ADDRESS	2828 CROASDALE DR	5.3 STREET ADDRESS	2828 CROASDALE DRIVE
CITY-ST-ZIP	DURHAM NC	5.4 CITY-ST-ZIP	DURHAM, NC 27705
TITLE	D ☐ DELETE	6.1 TITLE	AT ☒ Change ☐ Addition
NAME	SPAHR, THOMAS W	6.2 NAME	KENNEDY, JONATHAN E.
STREET ADDRESS	2828 CROASDALE DR	6.3 STREET ADDRESS	3608 MAYFAIR STREET
CITY-ST-ZIP	DURHAM NC	6.4 CITY-ST-ZIP	DURHAM, NC 27707

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)(k), 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:

Angela M. Snedeker

ANGELA M. SNEDEKER

4-26-96

(919) 383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*FILED AS PART OF A CONSOLIDATED GROUP

Date

Daytime Phone #

CR2E034 (12/95)