


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M90440</b> 1. Corporation Name <b>SUNLIFE OB/GYN SERVICES OF HOLLYWOOD, FLORIDA, I NC.</b>		<b>(2) REVIEW</b> JAN 6 1997	
Principal Place of Business <b>2828 CROASDALE DR. P O BOX 15309 DURHAM NC 27705 US</b>		Mailing Address <b>CHGI ATTN: TAX DEPARTMENT P O BOX 15309 DURHAM NC 27704-0309 US</b>	
<b>2. Principal Place of Business</b> 21 <b>2400 EAST COMMERCIAL BLVD</b> Suite, Apt. #, etc. 22 <b>SUITE 1100</b> City & State 23 <b>FORT LAUDERDALE, FL</b> Zip Country 24 <b>33308</b> 25 <b>USA</b>		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
<b>9. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
<b>12. OFFICERS AND DIRECTORS</b>			
TITLE	AT	<input checked="" type="checkbox"/> DELETE	
NAME	HALE, ALAN		
STREET ADDRESS	2828 CROASDALE DR.		
CITY-ST-ZIP	DURHAM NC		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	WALLS, BERTRAM, M.D.		
STREET ADDRESS	2828 CROASDALE DR		
CITY-ST-ZIP	DURHAM NC		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	GARDY, HARVEY H MD		
STREET ADDRESS	2828 CROASDALE DR		
CITY-ST-ZIP	DURHAM NC		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	
NAME	LYNCH, SALLY		
STREET ADDRESS	2828 CROASDALE DR		
CITY-ST-ZIP	DURHAM NC		
TITLE	AS	<input checked="" type="checkbox"/> DELETE	
NAME	JACOBS, JOANN		
STREET ADDRESS	2828 CROASDALE DR		
CITY-ST-ZIP	DURHAM NC		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	SPAHR, THOMAS W		
STREET ADDRESS	2828 CROASDALE DR		
CITY-ST-ZIP	DURHAM NC		
<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
11 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12 NAME	VALLI, KATHLEEN		
13 STREET ADDRESS	6550 NORTH FEDERAL HIGHWAY, SUITE 300		
14 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		
21 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
22 NAME	DOOLITTLE, KIRK		
23 STREET ADDRESS	2828 CROASDALE DRIVE		
24 CITY-ST-ZIP	DURHAM, NC 27705		
31 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
42 NAME	JACKSON, BRETT L.		
43 STREET ADDRESS	2828 CROASDALE DRIVE		
44 CITY-ST-ZIP	DURHAM, NC 27705		
51 TITLE	VP/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
52 NAME	FIELDING, ROBIN		
53 STREET ADDRESS	2400 EAST COMMERCIAL BLVD		
54 CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		
61 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
62 NAME	SMITH, PAULA		
63 STREET ADDRESS	2828 CROASDALE DRIVE		
64 CITY-ST-ZIP	DURHAM, NC 27705		
14. I do 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 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: <i>Angela M. Sneider</i> <b>ANGELA M. SNEDEKER</b> 4-25-97 (919) 383-0355			

CR2E034 (9/96)

**ATTACHMENT  
1997 PROFIT CORPORATION  
ANNUAL REPORT  
STATE OF FLORIDA**

**SUNLIFE OB/GYN OF HOLLYWOOD, FLORIDA, INC.  
FEIN: 65-0074959**

**ADDITIONAL OFFICERS AND DIRECTORS**

<b>TITLE</b>	Assistant Secretary
<b>NAME</b>	Angela M. Snedeker
<b>STREET ADDRESS</b>	2828 Croasdaile Drive
<b>CITY-ST-ZIP</b>	Durham, NC 27705

<b>TITLE</b>	Director
<b>NAME</b>	Tom Lowe, M.D.
<b>STREET ADDRESS</b>	2828 Croasdaile Drive
<b>CITY-ST-ZIP</b>	Durham, NC 27705