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FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M90440 (2)**  
1. Corporation Name  
**SUNLIFE OB/GYN SERVICES OF HOLLYWOOD, FLORIDA, I NC.**



Principal Place of Business <b>2400 EAST COMMERCIAL BLVD STE 1100 FT LAUDERDALE FL 33308 US</b>	Mailing Address <b>ATTN: TAX DEPARTMENT P O BOX 15309 DURHAM NC 27704-0309 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 1600 S. FEDERAL HIGHWAY</b> Suite, Apt. #, etc. <b>22 SUITE 300</b> City & State <b>23 POMPANO BEACH, FL</b> Zip <b>24 33062</b>		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>		3. Date Incorporated or Qualified <b>07/21/1988</b>	4. FEI Number <b>65-0074959</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>			
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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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VP</b>	<b>VALLI, KATHLEEN</b> STREET ADDRESS <b>8550 N FEDERAL HWY STE 300</b> CITY-ST-ZIP <b>FT LAUDERDALE FL</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>T</b> 1.2 NAME <b>RECTOR, BRUCE</b> 1.3 STREET ADDRESS <b>2828 CROASDAILE DRIVE</b> 1.4 CITY-ST-ZIP <b>DURHAM, NC 27705</b>
TITLE <b>P</b>	<b>DOOLITTLE, KIRK</b> STREET ADDRESS <b>2828 CROASDAILE DR</b> CITY-ST-ZIP <b>DURHAM NC</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>PD</b> 2.2 NAME <b>PODOLSKY, SHERMAN M. M.D.</b> 2.3 STREET ADDRESS <b>2828 CROASDAILE DRIVE</b> 2.4 CITY-ST-ZIP <b>DURHAM, NC 27705</b>
TITLE <b>D</b>	<b>GARDY, HARVEY H MD</b> STREET ADDRESS <b>2828 CROASDAILE DR</b> CITY-ST-ZIP <b>DURHAM NC</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b> 3.2 NAME <b>LOWE, TOM M.D.</b> 3.3 STREET ADDRESS <b>2828 CROASDAILE DRIVE</b> 3.4 CITY-ST-ZIP <b>DURHAM, NC 27705</b>
TITLE <b>VP</b>	<b>JACKSON, BRETT L</b> STREET ADDRESS <b>2828 CROASDAILE DR</b> CITY-ST-ZIP <b>DURHAM NC</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>AS</b> 4.2 NAME <b>PETREA, JOAN R.</b> 4.3 STREET ADDRESS <b>2828 CROASDAILE DRIVE</b> 4.4 CITY-ST-ZIP <b>DURHAM, NC 27705</b>
TITLE <b>VPS</b>	<b>FIELDING, ROBIN</b> STREET ADDRESS <b>2400 EAST COMMERCIAL BLVD</b> CITY-ST-ZIP <b>FT LAUDERDALE FL</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>VP S</b> 5.2 NAME <b>SMITH, PAULA</b> 5.3 STREET ADDRESS <b>2828 CROASDAILE DRIVE</b> 5.4 CITY-ST-ZIP <b>DURHAM, NC 27705</b>
TITLE <b>VP</b>	<b>SMITH, PAULA</b> STREET ADDRESS <b>2828 CROASDAILE DR</b> CITY-ST-ZIP <b>DURHAM NC</b>	<input type="checkbox"/> DELETE	6.1 TITLE <b>VP S</b> 6.2 NAME <b>SMITH, PAULA</b> 6.3 STREET ADDRESS <b>2828 CROASDAILE DRIVE</b> 6.4 CITY-ST-ZIP <b>DURHAM, NC 27705</b>

14. I 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 any attachment with an address.

CR2E034 (10/97)

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