

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90034 031 ***150.00

DOCUMENT # M90440

1. Corporation Name

**SUNLIFE OB/GYN SERVICES OF HOLLYWOOD, FLORIDA, I
NC.**

Principal Place of Business

**1600 S FEDERAL HIGHWAY
SUITE 300
POMPANO BEACH FL 33062
US**

Mailing Address

**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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RECTOR, BRUCE	
STREET ADDRESS	2828 CROASDALE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PODOLSKY, SHERMAN M MD	
STREET ADDRESS	2828 CROASDALE DR	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARDY, HARVEY H MD	
STREET ADDRESS	2828 CROASDALE DR	
CITY-ST-ZIP	DURHAM NC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PETREA, JOAN R	
STREET ADDRESS	2828 CROASDALE DR	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOWE, TOM MD	
STREET ADDRESS	2828 CROASDALE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	VPS	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, PAULA	
STREET ADDRESS	2828 CROASDALE DR	
CITY-ST-ZIP	DURHAM NC 27705	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Christopher Brodesa	
1.3 STREET ADDRESS	1600 S. Federal Highway, Suite 300	
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Edith McDuffie	
2.3 STREET ADDRESS	2828 Croasdale Drive	
2.4 CITY-ST-ZIP	Durham, NC 27705	
3.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Pat Gudinas	
3.3 STREET ADDRESS	1600 S. Federal Highway, Suite 300	
3.4 CITY-ST-ZIP	Pompano Beach, FL 33062	
4.1 TITLE	MS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Tammy Davis	
4.3 STREET ADDRESS	2828 Croasdale Dr	
4.4 CITY-ST-ZIP	Durham, NC 27705	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joan R Petrea 919-3830355

Daytime Phone #

CR2E034 (1/98)