

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M90440

1. Entity Name

SUNLIFE OB/GYN SERVICES OF HOLLYWOOD, FLORIDA, I

FILED

May 12, 2000 8:00 am  
Secretary of State

05-12-2000 90856 016 \*\*\*150.00

Principal Place of Business

Mailing Address

1600 S FEDERAL HIGHWAY  
SUITE 300  
POMPANO BEACH FL 33062  
US

ATTN: TAX DEPARTMENT  
P O BOX 15309  
DURHAM NC 27704-0309  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0074959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BREDSAY, CHRISTOPHER	
STREET ADDRESS	1600S FEDERAL HWY SUITE 300	
CITY-ST-ZIP	POMPANO FL 33062	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PODOLSKY, SHERMAN M MD	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARDY, HARVEY H MD	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	PETREA, JOAN R	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	D	<input type="checkbox"/> Delete
NAME	LOWE, TOM MD	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCDUFFIE, EDITH	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM NC 27705	

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPBELL, DONNA	
STREET ADDRESS	1600 S. FEDERAL HWY STE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAUCHERT, EUGENE F JR	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEELE, DIANNE	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUDINAS, PAT	
STREET ADDRESS	1600 S. FEDERAL HWY STE 300	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, TAMMY	
STREET ADDRESS	2828 CROASDAILE DRIVE	
CITY-ST-ZIP	DURHAM NC 27705	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tammy Davis* **TAMMY DAVIS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00

Date

(919) 383-0355

Daytime Phone #

CR2E034 (9/99)