

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 8:00 am  
Secretary of State

04-26-2001 90086 022 \*\*\*150.00

DOCUMENT # M90440

1. Entity Name

SUNLIFE OB/GYN SERVICES OF HOLLYWOOD, FLORIDA, I

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

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, 2001 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  
NAME CAMPBELL, DONNA  
STREET ADDRESS 1600S FEDERAL HWY SUITE 300  
CITY-ST-ZIP POMPANO FL 33062 ☐ Delete

TITLE VICE PRES.  
NAME TAMMY DAVIS  
STREET ADDRESS 2828 CROASDALE DRIVE  
CITY-ST-ZIP DURHAM, NC 27705 ☐ Change ☒ Addition

TITLE PD  
NAME PODOLSKY, SHERMAN M MD  
STREET ADDRESS 2828 CROASDALE DR  
CITY-ST-ZIP DURHAM NC 27705 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME GARDY, HARVEY H MD  
STREET ADDRESS 2828 CROASDALE DR  
CITY-ST-ZIP DURHAM NC ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME DAUCHERT, EUGENE F JR  
STREET ADDRESS 1600S FEDERAL HWY SUITE 300  
CITY-ST-ZIP POMPANO FL 33062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME LOWE, TOM MD  
STREET ADDRESS 2828 CROASDALE DRIVE  
CITY-ST-ZIP DURHAM NC 27705 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST  
NAME GUDINAS, PAT  
STREET ADDRESS 1600S FEDERAL HWY SUITE 300  
CITY-ST-ZIP POMPANO FL 33062 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/01

Date

(919)383-0355

Daytime Phone #

CR2E034 (10/00)