


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90253 038 \*\*\*150.00

DOCUMENT # P01000081620			
1. Entity Name SUNLIFE WOMEN AND CHILDREN'S CENTER OF FT. LAUDERDALE, P.A.			
Principal Place of Business 2601 DAVIS BLVD FORT LAUDERDALE, FL 33312		Mailing Address 2828 CROASDAILE DR. DURHAM, NC 27705	
2. Principal Place of Business 2828 CROASDAILE DRIVE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State DURHAM, NC		City & State	
Zip 27705	Country USA	Zip	Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	PD
NAME	GOLD, JEFFERY	NAME	STEPHEN J. DRESNICK, M.D.
STREET ADDRESS	300 SE 17TH ST 3RD FLOOR	STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP	DURHAM, NC 27705
TITLE	CEO	TITLE	V S
NAME	LOWE, TOM	NAME	EUGENE F. DAUCHERT JR
STREET ADDRESS	1600 S FEDERAL HWY	STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33062	CITY-ST-ZIP	DURHAM, NC 27705
TITLE	VPD	TITLE	V
NAME	STEVEN, SCOTT	NAME	TAMMY DAVIS
STREET ADDRESS	2828 CROASDAILE DRIVE	STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM, NC 27705	CITY-ST-ZIP	DURHAM, NC 27705
TITLE	VP	TITLE	T
NAME	BROADBELT, BRUCE	NAME	EILEEN E. SPOON
STREET ADDRESS	2828 CROASDAILE DRIVE	STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM, NC 27705	CITY-ST-ZIP	DURHAM, NC 27705
TITLE	ST	TITLE	
NAME	ANITA, WAGNER	NAME	
STREET ADDRESS	2828 CROASDAILE	STREET ADDRESS	
CITY-ST-ZIP	DURHAM, NC 27705	CITY-ST-ZIP	
TITLE	AS	TITLE	
NAME	ROBERT, BASS	NAME	
STREET ADDRESS	1600 S. ANDREWS AVE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	CITY-ST-ZIP	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Eugene F. Dauchert Jr</u>		Date: <u>4/8/04</u> Daytime Phone #: <u>919-383-0355</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	