


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90287 030 ***150.00

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DOCUMENT # P01000081620					
1. Entity Name SUNLIFE WOMEN AND CHILDREN'S CENTER OF FT. LAUDERDALE, P.A.					
Principal Place of Business 1000 PARK FORTY PLAZA DURHAM, NC 27713		Mailing Address 1000 PARK FORTY PLAZA DURHAM, NC 27713			
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 56-2266055	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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 RD. 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. 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>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		MAKE CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESNICK, STEPHEN J MD		NAME	DRESNICK, STEPHEN J MD	
STREET ADDRESS	2828 CROASDAILE DRIVE		STREET ADDRESS	1000 PARK FORTY PLAZA SUITE 500	
CITY-ST-ZIP	DURHAM, NC 27705		CITY-ST-ZIP	DURHAM, NC 27713	
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUCHERT, EUGENE F JR.		NAME		
STREET ADDRESS	2828 CROASDAILE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DURHAM, NC 27705		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, TAMMY		NAME		
STREET ADDRESS	2828 CROASDAILE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DURHAM, NC 27705		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOON, EILEEN E		NAME		
STREET ADDRESS	2828 CROASDAILE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DURHAM, NC 27705		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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>Stephen Dresnick</u>		Date: <u>2-17-05</u>		Daytime Phone #: <u>786-437-7600</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					