

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90078 001 ***150.00

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1. Entity Name
**SUNLIFE WOMEN AND CHILDREN'S CENTER OF FT. LAUDE
RDALE, P.A.**

Principal Place of Business
**2601 DAVIS BLVD
FORT LAUDERDALE FL 33312**

Mailing Address
**2828 CROASDAILE DR.
DURHAM NC 27705**

90011950



2. Principal Place of Business
2601 DAVIS BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-2266055**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **GOLD, JEFFERY**
STREET ADDRESS **1600 S FEDERAL HWY**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **P** ☒ Change ☐ Addition
NAME **GOLD, JEFFERY**
STREET ADDRESS **300 SE 17th ST 3rd FL.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **CEO** ☐ Delete
NAME **LOVE, TOM|CEO**
STREET ADDRESS **1600 S FEDERAL HWY**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **LOWE, Tom M.D.** ☒ Change ☐ Addition
NAME **LOWE, Tom M.D.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **STEVEN, SCOTT**
STREET ADDRESS **2828 CROASDAILE DRIVE**
CITY-ST-ZIP **DURHAM NC 27705**

TITLE **SCOTT, STEVEN M.D.** ☒ Change ☐ Addition
NAME **SCOTT, STEVEN M.D.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BROADBELT, BRUCE**
STREET ADDRESS **2828 CROASDAILE DRIVE**
CITY-ST-ZIP **DURHAM NC 27705**

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

TITLE **ST** ☐ Delete
NAME **ANITA, WAGNER**
STREET ADDRESS **2828 CROASDAILE**
CITY-ST-ZIP **DURHAM NC 27705**

TITLE **WAGNER, ANITA** ☒ Change ☐ Addition
NAME **WAGNER, ANITA**
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **ROBERT, BASS**
STREET ADDRESS **1600 S FEDERAL HWY**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE **AS** ☒ Change ☐ Addition
NAME **BASS, ROBERT M.D.**
STREET ADDRESS **1600 S. ANDREWS AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

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:

SIGNATURE REQUIRED

1-15-03

919-383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)