2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State
04-23-2004 90253 039 ***150.00

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1. Entity Name
SUNLIFE PEDIATRIC NETWORK, INC.

Principal Place of Business	Mailing Address
4101 NW 4TH ST. MEDICAL SERVICE BLVD. PLANTATION, FL 33317 US	2828 CROASDAILE DR DURHAM, NC 27705 US

04082004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2828 CROASDAILE DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DURHAM, NC	City & State
Zip: 27705 Country: USA	Zip Country

4. FEI Number: 65-0538046 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH 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. 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, 2004 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SCOTT, STEVEN M. MD 2828 CROASDAILE DRIVE DURHAM, NC 27705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STEPHEN J. DRESNICK, M.D. 2828 CROASDAILE DRIVE DURHAM, NC 27705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPST WEGNER, ANITA S. 2828 CROASDAILE DRIVE DURHAM, NC 27705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS EUGENE F. DAUCHERT JR 2828 CROASDAILE DRIVE DURHAM, NC 27705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ANDERSON, JOANN W 2828 CROASDAILE DRIVE DURHAM, NC 27705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TAMMY DAVIS 2828 CROASDAILE DRIVE DURHAM, NC 27705	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP BROADBELT, BRUCE 2828 CROASDALE DRIVE DURHAM, NC 27705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T EILEEN E. SPOON 2828 CROASDAILE DRIVE DURHAM, NC 27705	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GOLD, JEFFREY 30 SE 17TH ST., 3RD FL FORT LAUDERDALE, FL 33316	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Eugene Dauchert JR EUGENE F. DAUCHERT JR 4/8/04 919-383-0355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #