2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2007 8:00 am Secretary of State

| DOCUMENT # P94000083129 1. Entity Name SUNLIFE PEDIATRIC NETWORK, INC. | | | | | 04-02-2007 90074 004 ***158.75 | | | |
|---|--|-------------------------|------------------------|---|--------------------------------|-------------------|--------------------------|--------------------------|
| Principal Place of Business 1000 PARK FORTY PLAZA DURHAM, NC 27713 US Mailing Address 1000 PARK FORTY PLAZA DURHAM, NC 27713 US | | | | | | | | |
| 2. Principal Place of Business - No.P.Ø. Box # 1 3. Mailing Address 4/0/NW 4 The | | | th Sy. | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | > | | 03142007 | Chg-P | CR2E034 (12/06) | |
| Ranation, Il Plantation | | | on, Fo | 2 | 4. FEI Numbe 65-0538 | | ⊢ | pplied For ot Applicable |
| 333/ | 1 Country SA | ^{zip} 333/フ | Country | A | 5. Certificate | of Status Desired | \$8.75 Ad Fee Require | |
| | 6. Name and Address of Current R | Registered Agent | | | 7. Name and | Address of New F | Registered Agent | |
| O T CORROBATION SYSTEM | | | | Name SHIRLEY CAMPBELL - MOGG | | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | | Street Address (P.O. Box Number is Not Acceptable) #200 | | | | |
| PLANTATION, FL 33324 | | | 4/0 | 4/01 NW 4/2 Chrood | | | | |
| | | | | Partation FL Zip 33317 | | | | |
| 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. | | | | | | | | |
| Males 3/19/07 | | | | | | | | |
| 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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | | | | |
| 10. | OFFICERS AND I | | 11. | <u> </u> | ADDITIONS/ | CHANGES TO OFF | FICERS AND DIRECTOR | |
| TITLE | P DAUCHERT, EUGENE F JR | Delete | TITLE NAME | المرحم | 10/EU | CAMPA | ELL - MCG | Addition |
| NAME STREET ADORESS | 1000 PARK FORTY PLAZA, SUITE 500 STRI | | | 4/0 | INN | CAMP BY | 1. | ٦ |
| CITY-ST-ZIP | DURHAM, NC 27713 | ¥ | CITY-ST-ZIP | Pla | antato | on Fl | | Addition |
| TITLE NAME | SPOON, EILEEN E | Delete | TITLE NAME | 3/7 | in M | 76G | ☐ Change | Addition |
| STREET ADORESS | | | | 127 | ni WW | 4/1 | 24. | . , |
| CITY-ST-ZIP | DURHAM, NC 27713 | | | 100 | 2 to 1 | <u> </u> | 4/ 333 | 17 |
| TITLE | | ☐ Delete | TITLE | 720 | acker | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | NAMÉ STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition |
| NAME | | | NAME | | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | <u> </u> | ☐ Delete | CITY-ST-ZIP | - | | | Change | ☐ Addition |
| titlé Name | | C_1 Delete | TITLE NAME | | | | ☐ Change | Addition |
| STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | ······································ | | CITY-ST-ZIP | | | | | |
| TITLE | , | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information | | | | | | | | |

Increacy certity that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. If further certify this 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 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 Brochanged, or on an attachment with an address, with all other like empowered.

IGNATURE:

| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Data | Dayline | Da