2003 FOR PROFIT CORPORATION

FILED Jan 27, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P94000083129 DOCUMENT # 1. Entity Name 01-27-2003 90529 017 ***150.00 SUNLIFE PEDIATRIC NETWORK, INC. Principal Place of Business Mailing Address 201 NW 70TH AVE 2828 CROASDAILE DR PLANTATION FL 33317 DURHAM NC 27705 2. Principal Place of Business 3. Mailing Address 4101 NW 4th St Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES MEDICAL SERVICE BLDG Applied For City & State City & State 4. FEI Number 65-0538046 PLANTATION, Not Applicable Zip Country \$8.75 Additional 333/7 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE ☐ Addition SCOTT, STEVEN M. MD NAME NAME STREET ADDRESS 2828 CROASDAILE DRIVE STREET ADDRESS **DURHAM NC 27705** CITY-ST-7IP CITY-ST-ZIP VPST Change **VPT** ☐ Delete ☐ Addition TITLE TITLE NAME NAME WEGNER, ANITA S. STREET ADDRESS 2828 CROASDAILE DRIVE STREET ADDRESS CITY-ST-ZIP DURHAM NC 27705 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition ANDERSON, JOANN W NAME NAME STREET ADDRESS STREET ADDRESS 2828 CROASDAILE DRIVE CITY-ST-ZIP CITY-ST-ZIP DURHAM NC 27705 **EVP** ☐ Change ☐ Addition TITLE ☐ Delete TITLE BROADBELT, BRUCE NAME NAME STREET ADDRESS 2828 CROASDALE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DURHAM NC 27705 Addition TITLE ☐ Delete TITLE NAME GOLD, JEFFREY NAME 300 SE 17th St, 3rd Fl. FORT LAWDERDALE, FL 33316 STREET ADDRESS STREET ADDRESS 2828 CROASDAILE DRIVE CITY-ST-ZIP DURHAM NC 27705 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP