**FILED** 

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 11, 2002 8:00 am Secretary of State P94000089708 DOCUMENT # 1. Entity Name 02-11-2002 90172 003 \*\*\*150.00 LEHIGH MEDICAL ASSOCIATES, INC. Principal Place of Business Mailing Address 228 PLAZA DRIVE 2828 CROASDAILE DR. LEHIGH ACRES FL 33936 DURHAM NC 27705 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0546082 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired $\Box$ 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 RD. 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. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Assistant Secretary ☐ Addition TITLE ☐ Delete TITLE NAME NAME ANDERSON, JOANN STREET ADDRESS STREET ADDRESS 2828 CROASDAILE DR CITY-ST-ZIP **DURHAM NC 27705** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME SCOTT, REBECCA J. STREET ADDRESS STREET ADDRESS 2828 CRASDAILE DRIVE CITY-ST-ZIP CITY-ST-ZIP DURHAM NC 27705 ☐ Delete TITLE ☐ Change **X** Addition NAME NAME WEGNER, ANITA S. STREET ADDRESS STREET ADDRESS 2828 CROASDAILE DRIVE CITY-ST-7IP CITY-ST-ZIP **DURHAM NC 27705** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME SCOTT, STEVEN M MD STREET ADDRESS 2828 CROASDAILE DR STREET ADDRESS CITY-ST-7IP **DURHAM NC 27705** CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME **BROADBELT, BRUCE** STREET ADDRESS STREET ADDRESS 2808 CROSSDAILE DR CITY-ST-ZIP CITY-ST-ZIP **DURHAM NC 27705** ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joann W. Anderson, AS

01-10-02

919 383 0355

(9/04) CR2E034

2828 Croasdaile Drive Durham, NC 27705 919-383-0355 800-476-4587

## ENCLOSURE MEMORANDUM TELEPHONE: (800) 476-4587 FAX: (919) 768-4381

TO:

Florida Secretary of State

FROM:

Joann W. Anderson, Paralegal

DATE:

January <u>**33**</u>, 2002

RE:

2002 Uniform Business Reports

## **Enclosures:**

2002 UBR's for:

Lehigh Medical Associates, Inc.
Lehigh Medical Group, Inc.
Minor Emergency Center of North Broward, Inc.
NBHD OB/GYN Services at Rio Vista, LLC
NBHD OB/GYN Services at Seventh Avenue, LLC
Springs Pediatrics, Inc.
Sunlife Pediatric Network, Inc.
Ft. Lauderdale Perinatal Associates, P.A.
Integrated Provider Networks, P.A.
Sunlife Maternal Child Network, P.A.

Sunlife OB/GYN Services of Broward County, P.A. Sunlife OB/GYN Services of Ft. Lauderdale, P.A. Sunlife OB/GYN Services of Pompano Beach, P.A.

A check is enclosed for each report.

Please call if there are any questions regarding the enclosed.