

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State
 08-22-2000 90008 021 ***550.00

DOCUMENT # R99000012191

1. Entity Name
 SUNLIFE OB/GYN SERVICES OF POMPAN0 BEACH, P.A.

Principal Place of Business 2828 Croasdaile Dr Durham, NC 27705	Mailing Address 2828 Croasdaile Dr Durham, NC 27705
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 62-1770065	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD.
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Director, VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Steven M. Scott, M.D.		NAME	
STREET ADDRESS 2828 Croasdaile Dr		STREET ADDRESS	
CITY-ST-ZIP Durham, NC 27705		CITY-ST-ZIP	
TITLE Pres	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Jeff Gold		NAME	
STREET ADDRESS 1600 S Federal Hwy, Suite 300		STREET ADDRESS	
CITY-ST-ZIP Pompano Beach, FL 33062		CITY-ST-ZIP	
TITLE CEO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Tom Lowe, M.D.		NAME	
STREET ADDRESS 1600 S. Federal Hwy, Suite 300		STREET ADDRESS	
CITY-ST-ZIP Pompano Beach, FL 33062		CITY-ST-ZIP	
TITLE Sec/Treas	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Anita S. Wegner		NAME	
STREET ADDRESS 2828 Croasdaile Dr		STREET ADDRESS	
CITY-ST-ZIP Durham, NC 27705		CITY-ST-ZIP	
TITLE Asst Sec	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Robert Bass, M.D.		NAME	
STREET ADDRESS 1600 S. Federal Hwy, Suite 300		STREET ADDRESS	
CITY-ST-ZIP Pompano Beach, FL 33062		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Anita S. Wegner* **Anita S. Wegner, Secretary 07-27-00 919-383-0355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)