

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 23, 2004 8:00 am
Secretary of State**

04-23-2004 90189 036 ***150.00

DOCUMENT # P99000012191		
1. Entity Name SUNLIFE OB/GYN SERVICES OF POMPANO BEACH, P.A.		

Principal Place of Business 2301 W SAMPLE RD BLDG 2, STE 9A POMPANO BEACH, FL 33073	Mailing Address 2828 CROASDAILE DR DURHAM, NC 27705
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2. Principal Place of Business 2828 CROASDAILE DRIVE	3. Mailing Address Suite, Apt. #, etc.
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City & State DURHAM, NC	City & State
Zip 27705	Country USA

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
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SCOTT, STEVEN M MD 2828 CROASDAILE DR DURHAM, NC 27705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEPHEN J. DRESNICK, M.D. 2828 CROASDAILE DRIVE DURHAM, NC 27705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLD, JEFF 300 SE 17TH ST 3RD FL FORT LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS EUGENE F. DAUCHERT, JR 2828 CROASDAILE DRIVE DURHAM, NC 27705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LOWE, TOM MD 9970 CENTRAL PARK BLVD STE 101 BOCA RATON, FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TAMMY DAVIS 2828 CROASDAILE DRIVE DURHAM, NC 27705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WEGNER, ANITA S 2828 CROASDAILE DR DURHAM, NC 27705	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EILEEN E. SPOON 2828 CROASDAILE DRIVE DURHAM, NC 27705
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BASS, ROBERT MD 1600 S ANDREWS AVE FORT LAUDERDALE, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROADBELT, BRUCE 2828 CROASDAILE DRIVE DURHAM, NC 27705	TITLE NAME STREET ADDRESS 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.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/04 919-383-0357
Date Daytime Phone #