

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90287 032 ***150.00

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01252005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000012191 1. Entity Name SUNLIFE OB/GYN SERVICES OF POMPANO BEACH, P.A.																																																																																																																													
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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		4. FEI Number 62-1770065																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable																																																																																																																									
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. I am familiar with, and accept the obligations of registered agent.																																																																																																																													
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																										
<div style="text-align: right;"> MAKE CHECK PAYABLE TO FLORIDA DEPARTMENT OF STATE </div>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">DRESHICK, STEPHEN J M.D.</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2828 CROASDAILE DR</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">DURHAM, NC 27705</td> </tr> <tr> <td>TITLE</td> <td>VS</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">DAUGHCHERT, EUGENE F</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2828 CROASDAILE DRIVE</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">DURHAM, NC 27705</td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">DAVIS, TAMMY</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2828 CROASDAILE DRIVE</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">DURHAM, NC 27705</td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2">SPOON, EILEEN E</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">2828 CROASDAILE DR</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">DURHAM, NC 27705</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PDS</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2">DRESNICK, STEPHEN J, M.D</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">1000 PARK FORTY PLAZA SUITE 500</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2">DURHAM, NC 27713</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="2"></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	DRESHICK, STEPHEN J M.D.		STREET ADDRESS	2828 CROASDAILE DR		CITY - ST - ZIP	DURHAM, NC 27705		TITLE	VS	<input checked="" type="checkbox"/> Delete	NAME	DAUGHCHERT, EUGENE F		STREET ADDRESS	2828 CROASDAILE DRIVE		CITY - ST - ZIP	DURHAM, NC 27705		TITLE	V	<input checked="" type="checkbox"/> Delete	NAME	DAVIS, TAMMY		STREET ADDRESS	2828 CROASDAILE DRIVE		CITY - ST - ZIP	DURHAM, NC 27705		TITLE	T	<input checked="" type="checkbox"/> Delete	NAME	SPOON, EILEEN E		STREET ADDRESS	2828 CROASDAILE DR		CITY - ST - ZIP	DURHAM, NC 27705		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DRESNICK, STEPHEN J, M.D		STREET ADDRESS	1000 PARK FORTY PLAZA SUITE 500		CITY - ST - ZIP	DURHAM, NC 27713		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: <u>Stephen J. Dresnick</u> 2/17/05 786-437-1600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													