

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2003 8:00 am
Secretary of State

01-28-2003 90070 014 ***150.00

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



Principal Place of Business
**1600 S FEDERAL HWY
POMPANO BEACH FL 33062**

Mailing Address
**2828 CROASDAILE DR
DURHAM NC 27705**



2. Principal Place of Business

3. Mailing Address

2301 W. SAMPLE RD

Suite, Apt. #, etc.

BLDG 2, STE 9A

City & State
POMPANO BEACH, FL 33073

City & State

Zip

Country

Zip

Country

4. FEI Number **62-1770065**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☐ Delete
NAME **SCOTT, STEVEN M MD**
STREET ADDRESS **2828 CROASDAILE DR**
CITY-ST-ZIP **DURHAM NC 27705**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **GOLD, JEFF**
STREET ADDRESS **1600 S FEDERAL HWY, STE 300**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **300 SE 17th St, 3rd FL**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **CEO** ☐ Delete
NAME **LOWE, TOM MD**
STREET ADDRESS **1600 S FEDERAL HWY STE 300**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9970 CENTRAL PARK BLVD, Ste 101**
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **ST** ☐ Delete
NAME **WEGNER, ANITA S**
STREET ADDRESS **2828 CROASDAILE DR**
CITY-ST-ZIP **DURHAM NC 27705**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **BASS, ROBERT MD**
STREET ADDRESS **1600 S FEDERAL HWY STE 300**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1600 S. ANDREWS AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **VP** ☐ Delete
NAME **BROADBELT, BRUCE**
STREET ADDRESS **2828 CROASDAILE DRIVE**
CITY-ST-ZIP **DURHAM NC 27705**

TITLE ☐ Change ☐ Addition
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.15.03

Date

919.383.0355

Daytime Phone #

CR2E034 (10/02)