

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-07-2005 90287 034 \*\*\*150.00

**DOCUMENT # P99000012196**

1. Entity Name  
**SUNLIFE OB/GYN SERVICES OF FT. LAUDERDALE, P.A.**



Principal Place of Business  
**1000 PARK FORTY PLAZA  
DURHAM, NC 27713**

Mailing Address  
**1000 PARK FORTY PLAZA  
DURHAM, NC 27713**

**50023467**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01252005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**62-1769914**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**MAKE CHECK PAYABLE TO  
FLORIDA DEPARTMENT OF STATE**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DRESNICK, STEPHEN J MD	
STREET ADDRESS	2828 CROASDAILE DR	
CITY-ST-ZIP	DURHAM, NC 27705	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	DAUCHERT, EUGENE F JR	
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 MD	
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		

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:**

*Stephen J. Dresnick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/17/05**  
Date

**786-437-1600**  
Daytime Phone #