

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012196

FILED
Jan 31, 2007
Secretary of State

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

Current Principal Place of Business:

1000 PARK FORTY PLAZA
DURHAM, NC 27713

New Principal Place of Business:

4101 NW 4TH STREET
306
PLANTATION, FL 33317

Current Mailing Address:

1000 PARK FORTY PLAZA
DURHAM, NC 27713

New Mailing Address:

4101 NW 4TH STREET
306
PLANTATION, FL 33317

FEI Number: 62-1769914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BLISS, WINSTON O DR.
4101 NW 4TH STREET
306
PLANTATION, FL 33317 US

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: WINSTON O. BLISS

01/31/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAUCHERT, EUGENE F JR
Address: 1000 PARK FORTY PLAZA SUITE 500
City-St-Zip: DURHAM, NC 27713

Title: T () Delete
Name: SPOON, EILEEN
Address: 1000 PARK FORTY LPAZA SUITE 500
City-St-Zip: DURHAM, NC 27713

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BLISS, WINSTON O DR
Address: 4101 NW 4TH STREET, SUITE 306
City-St-Zip: PLANTATION, FL 33317

Title: T (X) Change () Addition
Name: TOMBACK, MARK DR
Address: 4101 NW 4TH STREET, SUITE 306
City-St-Zip: PLANTATION, FL 33317

Title: S () Change (X) Addition
Name: CAMPBELL, THELMA
Address: 4101 NW 4TH STREET, SUITE 306
City-St-Zip: PLANTATION, FL 33317

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WINSTON O. BLISS

P

01/31/2007

Electronic Signature of Signing Officer or Director

Date