FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 9 1995

DOCUMENT # L69093 (7)

1. Corporation Name
SUNLIFE OB/GYN SERVICES OF SOUTH FLORIDA, INC.

Principal Place of Business
2828 CROASDALE DRIVE
DURHAM NC 27705
US

Mailing Address
ATTN: TAX DEPARTMENT
P.O. BOX 15309
DURHAM NC 27704
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 — Suite, Apt. # etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. # etc. 27 — City & State 28 — Zip 29 — Country 30

3. Date Incorporated or Qualified: 04/30/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 56-1700342 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ★ ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Field	Entry
TITLE	AT
NAME	HALE, ALAN
STREET ADDRESS	2828 CROASDAILE DR
CITY-ST-ZIP	DURHAM NC
TITLE	S
NAME	GARDY, HARVEY H M.D.
STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC
TITLE	TD
NAME	LYNCH, SALLY S.
STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC
TITLE	AS
NAME	JACOBS, JOANN
STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC
TITLE	DP
NAME	WALLS, BERTRAM, M.D.
STREET ADDRESS	2828 CROASDAILE DRIVE
CITY-ST-ZIP	DURHAM NC
TITLE	D
NAME	SPAHR, THOMAS W
STREET ADDRESS	2828 CROASDALE DRIVE
CITY-ST-ZIP	DURHAM NC

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Field	Entry
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☐ Change ☐ Addition	
☒ Change ☐ Addition	
STREET ADDRESS	2828 Croasdaile Drive

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bertram E. Walls — 4-28-95 — 919-383-0355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

*Filed as part of a consolidated group Bertram E. Walls, M.D.

0002807 CP