

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000093960

**Entity Name:** SUNLIFE OB/GYN SERVICES OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

4101 NW 4TH STREET  
306  
PLANTATION, FL 33317

**Current Mailing Address:**

4101 NW 4TH STREET  
306  
PLANTATION, FL 33317

**FEI Number:** 82-5265297

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BLISS, WINSTON O  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name BLISS, WINSTON O  
Address 4101 NW 4TH STREET, SUITE 306  
City-State-Zip: PLANTATION FL 33317

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WINSTON O. BLISS

**PRESIDENT**

**02/03/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date