

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

1 of 2

DOCUMENT # **F95000006133 (1)**

1. Corporation Name
SUNQUEST SPC, INC.



Principal Place of Business: **7272 E. INDIAN SCHOOL RD., STE. 214 SCOTTSDALE AZ 85251**
Mailing Address: **7272 E. INDIAN SCHOOL RD., STE. 214 SCOTTSDALE AZ 85251**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

3. Date Incorporated or Qualified 12/15/1995	3a. Date of Last Report
4. FEI Number 86-0686301	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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:

Signature, typed or printed name of registered agent and client applicable

NOTE: Registered Agent's signature is not required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CEOP <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JERRY M	2. NAME
STREET ADDRESS	7272 E. INDIAN SCHOOL RD., STE. 214	3. STREET ADDRESS
CITY-STATE-ZIP	SCOTTSDALE AZ 85251	4. CITY-STATE-ZIP
TITLE	COOS <input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROLLINS, PHILLIP R	6. NAME
STREET ADDRESS	7272 E. INDIAN SCHOOL RD., STE. 214	7. STREET ADDRESS
CITY-STATE-ZIP	SCOTTSDALE AZ 85251	8. CITY-STATE-ZIP
TITLE	CAOT <input type="checkbox"/> DELETE	9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONTRIS, PAUL J	10. NAME
STREET ADDRESS	7272 E. INDIAN SCHOOL RD., STE. 214	11. STREET ADDRESS
CITY-STATE-ZIP	SCOTTSDALE AZ 85251	12. CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME
STREET ADDRESS		15. STREET ADDRESS
CITY-STATE-ZIP		16. CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME
STREET ADDRESS		19. STREET ADDRESS
CITY-STATE-ZIP		20. CITY-STATE-ZIP
TITLE	<input type="checkbox"/> DELETE	21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME
STREET ADDRESS		23. STREET ADDRESS
CITY-STATE-ZIP		24. CITY-STATE-ZIP

SEE ATTACHED

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Contris

4-2-96

602-423-1954

CR2E034 (12/95)

OFFICERS/DIRECTORS OF SUNQUEST SPC, INC.

(100% Wholly Owned Subsidiary of Unison HealthCare Corporation)

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NAME/ADDRESS	SOCIAL SECURITY #	RELATIONSHIP TO CORPORATION
Jerry M. Walker 7272 E. Indian School Road, Suite 214 Scottsdale, Arizona 85251	152-34-8742	Director
Phillip R. Rollins 7272 E. Indian School Road, Suite 214 Scottsdale, Arizona 85251	424-90-0003	Director
Paul J. Contris 7272 E. Indian School Road, Suite 214 Scottsdale, Arizona 85251	538-72-1181	Director
Craig R. Clark 13601 Preston Road, Suite 500 West Dallas, Texas 75240	289-46-1021	Director
Terry Troxell-Gurka 7272 E. Indian School Road, Suite 214 Scottsdale, Arizona 85251	052-44-4652	Officer
Shelley G. Greget 7272 E. Indian School Road, Suite 214 Scottsdale, Arizona 85251	561-94-2321	Officer
Asha Rajagopal 13601 Preston Road, Suite 500 West Dallas, Texas 75240	110-58-1655	Officer
Carol Baum 7272 E. Indian School Road, Suite 214 Scottsdale, Arizona 85251	503-60-2739	Officer
Clayton Kloehr 13601 Preston Road, Suite 500 West Dallas, Texas 75240	445-64-0360	Officer
Amy Duncan 7272 E. Indian School Road, Suite 214 Scottsdale, Arizona 85251	460-23-6465	Officer
Tony Zubrowski Two Park Fletcher 5420 Southern Avenue, Suite 200 Indianapolis, Indiana 46241	217-50-2765	Officer
John Griffin 1488 Old Creek Drive Tyler, Texas 75703	174-58-0386	Officer
Bill Allen 5800 Willow Lake Drive Birmingham, Alabama 35244	418-66-5555	Officer
Larry Smith 665 Portland Road Monument, Colorado 80132	220-52-9661	Officer