

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**

**Apr 17 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000006133 (1)**  
1. Corporation Name  
**SUNQUEST SPC, INC.**



Principal Place of Business <b>8800 N GAINY CENTER DRIVE,SUITE 245 SCOTTSDALE AZ 85258</b>	Mailing Address <b>8800 N GAINY CENTER DRIVE,SUITE 245 SCOTTSDALE AZ 85258</b>
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DO NOT WRITE IN THIS SPACE

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

<b>3.</b> Date Incorporated or Qualified <b>12/15/1995</b>	
<b>4.</b> FEI Number <b>86-0686301</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" 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**

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>FL</b> <b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PCD WALKER, JERRY M</b>	12 NAME	<b>PIC/D Michael A. Jeffries</b>
STREET ADDRESS	<b>8800 N GAINY CENTER DRIVE,SUITE 245</b>	13 STREET ADDRESS	<b>8800 N Gainey Center Drive, Suite 245</b>
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85258</b>	14 CITY-ST-ZIP	<b>Scottsdale AZ 85258</b>
TITLE	<input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VPCD ROLLINS, PHILLIP R</b>	22 NAME	<b>V/S Nir E. Margalit</b>
STREET ADDRESS	<b>8800 N GAINY CENTER DRIVE,SUITE 245</b>	23 STREET ADDRESS	<b>8800 N. Gainey Center Drive, Suite 245</b>
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85258</b>	24 CITY-ST-ZIP	<b>Scottsdale AZ 85258</b>
TITLE	<input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VPSD CONTRIS, PAUL J</b>	32 NAME	<b>V/T Clayton Kloehr</b>
STREET ADDRESS	<b>8800 N GAINY CENTER DRIVE,SUITE 245</b>	33 STREET ADDRESS	<b>8800 N Gainey center Drive, Suite 245</b>
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85258</b>	34 CITY-ST-ZIP	<b>Scottsdale AZ 85258</b>
TITLE	<input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VPD CLARK, CRAIG R</b>	42 NAME	<b>V Shelley G. Greget</b>
STREET ADDRESS	<b>8800 N GAINY CENTER DRIVE,SUITE 245</b>	43 STREET ADDRESS	<b>8800 N Gainey Center Drive, Suite 245</b>
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85258</b>	44 CITY-ST-ZIP	<b>Scottsdale AZ 85258</b>
TITLE	<input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BVPC TROXELL, TERRY</b>	52 NAME	<b>Assistant T Helen K. Johnson</b>
STREET ADDRESS	<b>8800 N GAINY CENTER DRIVE,SUITE 245</b>	53 STREET ADDRESS	<b>8800 N Gainey Center Drive, Suite 245</b>
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85258</b>	54 CITY-ST-ZIP	<b>Scottsdale AZ 85258</b>
TITLE	<input checked="" type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BVPO ALLEN, WILLIAM G JR.</b>	62 NAME	
STREET ADDRESS	<b>8800 N GAINY CENTER DRIVE,SUITE 245</b>	63 STREET ADDRESS	
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85258</b>	64 CITY-ST-ZIP	

**14.** 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 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 *Michael A. Jeffries* 4-9-98 /6021123-1954

CPRE034 (10/97)