

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90217 007 ***150.00

DOCUMENT # F00000001699

1. Entity Name

SUNCARE THERAPY SERVICES CORPORATION

Principal Place of Business

**101 SUN AVENUE, NE
ALBUQUERQUE NM 87109**

Mailing Address

**101 SUN AVENUE, NE
ALBUQUERQUE NM 87109**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **58-2081719**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FUTCH, TOM R	
STREET ADDRESS	106 E. COLLEGE AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOLTIL, ROBERT D	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOTTER, JENNIFER	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PATRICK, MATTHEW G	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERG, MICHAEL T	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIMER, MARK G	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Berg
Michael Berg*Secretary 4-9-01 505-821-3355*
Date Daytime Phone #

CR2E034 (10/00)