


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90197 003 \*\*\*150.00

<b>DOCUMENT # F01000000999</b> 1. Entity Name <b>SUNHEALTH SPECIALTY SERVICES, INC.</b>					
Principal Place of Business <b>101 SUN AVE NE ALBUQUERQUE, NM 87109</b>			Mailing Address <b>101 SUN AVE NE ALBUQUERQUE, NM 87109</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>85-0457785</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MATHIES, WILLIAM A</b>		NAME		
STREET ADDRESS	<b>101 SUN AVE NE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ALBUQUERQUE, NM 87109</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ROLES, JERRY</b>		NAME		
STREET ADDRESS	<b>101 SUN AVE NE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ALBUQUERQUE, NM 87109</b>		CITY-ST-ZIP		
TITLE	EVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>OUSLEY, MARY</b>		NAME		
STREET ADDRESS	<b>101 SUN AVE NE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ALBUQUERQUE, NM 87109</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HAYES, D. CRAIG</b>		NAME		
STREET ADDRESS	<b>101 SUN AVE NE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ALBUQUERQUE, NM 87109</b>		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BERG, MICHAEL T</b>		NAME		
STREET ADDRESS	<b>101 SUN AVE NE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ALBUQUERQUE, NM 87109</b>		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GILMORE, JEFFREY C</b>		NAME		
STREET ADDRESS	<b>101 SUN AVE NE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ALBUQUERQUE, NM 87109</b>		CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Michael Berg</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<i>Michael Berg, Secretary 4/25/05 (505) 821-3355</i> Date Daytime Phone #		