


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000001344  
1. Entity Name  
SUNDANCE REHABILITATION AGENCY, INC.



Principal Place of Business: 101 SUN AVE. NE, ALBUQUERQUE, NM 87109  
Mailing Address: 101 SUN AVE. NE, ALBUQUERQUE, NM 87109

**DO NOT WRITE IN THIS SPACE**



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number: 30-0141695  
Applied For: Not Applicable  
5. 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

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

1100000125795  
04/23/04-80007-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GREGG, TRACY A
STREET ADDRESS	803 CAMERON STREET
CITY-ST-ZIP	ALEXANDRIA, VA 22314
TITLE	S
NAME	BERG, MICHAEL T
STREET ADDRESS	101 SUN AVE. NE
CITY-ST-ZIP	ALBUQUERQUE, NM 87109
TITLE	T
NAME	HAYES, D. CRAIG
STREET ADDRESS	101 SUN AVE. NE
CITY-ST-ZIP	ALBUQUERQUE, NM 87109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: Michael T. Berg Michael T. Berg 4/19/04 (505) 821-3355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #