2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007
Secretary of State

DOCUMENT# F03000001344

Entity Name: SUNDANCE REHABILITATION AGENCY, INC.

Current Principal Place of Business:

101 SUN AVE. NE
ALBUQUERQUE, NM 87109

New Principal Place of Business:

Current Mailing Address:

101 SUN AVE. NE
ALBUQUERQUE, NM 87109

New Mailing Address:

FEI Number: 30-0141695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GREGG, TRACY A
Address: 803 CAMERON STREET
City-St-Zip: ALEXANDRIA, VA 22314

Title: S ( ) Delete
Name: BERG, MICHAEL T
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: T ( ) Delete
Name: POLGARDY, MICHAEL
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: D ( ) Delete
Name: SHAUL, BRYAN
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: VP ( ) Delete
Name: NEWMAN, MICHAEL
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MATHIES, WILLIAM A
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change ( ) Addition
Name: MEYER, PAM
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T BERG S 04/17/2007

Electronic Signature of Signing Officer or Director — Date