

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001344

FILED  
Apr 20, 2011  
Secretary of State

**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:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GWYN, SUSAN  
Address: 155 FEDERAL ST., SUITE 1100  
City-St-Zip: BOSTON, MA 02110

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

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

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

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

Title: T  
Name: RIDDLE, BRANDI  
Address: 101 SUN AVE. NE  
City-St-Zip: ALBUQUERQUE, NM 87109

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL T. BERG

S

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date