

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90006 025 ***550.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F92000000055** ✓
 1. Corporation Name
CONTOUR MEDICAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 SUN HEALTHCARE GROUP - LEGAL DEPT.
 101 SUN AVE. N.E.
 ALBUQUERQUE NM 87108
 US
 P O BOX 2070
 ALPHARETTA GA 30023
 US

3. Date Incorporated or Qualified
10/30/1992

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 101 Sun Avenue, NE
 22 City & State 27 Attn: Legal Dept.
 23 Zip Country 28 Albuquerque, NM
 24 Zip Country 29 87109 30 USA

4. FEI Number Applied For
77-0163521 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | CP | <input checked="" type="checkbox"/> DELETE |
| NAME | BROGOON, CHRIS | |
| STREET ADDRESS | 6000 LAKE FOREST DR STE 200 | |
| CITY-ST-ZIP | ATLANTA GA 30328 | |
| TITLE | PT | <input checked="" type="checkbox"/> DELETE |
| NAME | FOX, DONALD F | |
| STREET ADDRESS | 6025 SHILOH RD STE A | |
| CITY-ST-ZIP | ALPHARETTA GA 30005 | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | REES, PHILIP | |
| STREET ADDRESS | 6000 LAKE FOREST DR STE 200 | |
| CITY-ST-ZIP | ATLANTA GA 30328 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | TUCKER, DARREL | |
| STREET ADDRESS | 6000 LAKE FOREST DR, STE 200 | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | LANE, EDWARD E | |
| STREET ADDRESS | 6000 LAKE FOREST DR STE 200 | |
| CITY-ST-ZIP | ATLANTA GA 30328 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------|--|
| 1.1 TITLE | President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | James E. Hosley | |
| 1.3 STREET ADDRESS | 101 Sun Avenue, NE | |
| 1.4 CITY-ST-ZIP | Albuquerque, NM 87109 | |
| 2.1 TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Matthew G. Patrick | |
| 2.3 STREET ADDRESS | 101 Sun Avenue, NE | |
| 2.4 CITY-ST-ZIP | Albuquerque, NM 87109 | |
| 3.1 TITLE | Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Michael T. Berg | |
| 3.3 STREET ADDRESS | 101 Sun Avenue, NE | |
| 3.4 CITY-ST-ZIP | Albuquerque, NM 87109 | |
| 4.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Mark G. Wimer | |
| 4.3 STREET ADDRESS | 101 Sun Avenue, NE | |
| 4.4 CITY-ST-ZIP | Albuquerque, NM 87109 | |
| 5.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Robert D. Woltil | |
| 5.3 STREET ADDRESS | 101 Sun Avenue, NE | |
| 5.4 CITY-ST-ZIP | Albuquerque, NM 87109 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael T. Berg* SECRETARY 8/4/99 505-821-3355

CRZE034 (5/99)