

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).

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.

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

08-17-1999 90006 025 ***550.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business SUN HEALTHCARE GROUP - LEGAL DEPT. 101 SUN AVE. N.E. ALBUQUERQUE NM 87108 US		Mailing Address P O BOX 2070 ALPHARETTA GA 30023 US	
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		28 Albuquerque, NM	
24 Country		29 87109 30 USA	
3. Date Incorporated or Qualified 10/30/1992		4. FEI Number 77-0163521	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP <input checked="" type="checkbox"/> DELETE BROGOON, CHRIS 6000 LAKE FOREST DR STE 200 ATLANTA GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT <input checked="" type="checkbox"/> DELETE FOX, DONALD F 6025 SHILOH RD STE A ALPHARETTA GA 30005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> DELETE REES, PHILIP 6000 LAKE FOREST DR STE 200 ATLANTA GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE TUCKER, DARREL 6000 LAKE FOREST DR, STE 200 ATLANTA GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> DELETE LANE, EDWARD E 6000 LAKE FOREST DR STE 200 ATLANTA GA 30328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition James E. Hosley 101 Sun Avenue, NE Albuquerque, NM 87109
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Matthew G. Patrick 101 Sun Avenue, NE Albuquerque, NM 87109
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael T. Berg 101 Sun Avenue, NE Albuquerque, NM 87109
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark G. Wimer 101 Sun Avenue, NE Albuquerque, NM 87109
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert D. Wolttil 101 Sun Avenue, NE Albuquerque, NM 87109
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **REQUIRE**

8/4/99

505-821-3355

CRZE034 (5/99)