

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005587

FILED
May 05, 2010
Secretary of State

Entity Name: SUNBRIDGE RETIREMENT CARE ASSOCIATES, INC.

Current Principal Place of Business:

101 SUN AVENUE NE
ALBUQUERQUE, NM 87109

New Principal Place of Business:

Current Mailing Address:

101 SUN AVENUE NE
ATTN LEGAL DEPT
ALBUQUERQUE, NM 87109

New Mailing Address:

FEI Number: 43-1441789

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 332301 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: P
Name: SEXTON, LOGAN
Address: 101 SUN AVE NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: D
Name: ROLES, JERRY
Address: 101 SUN AVE NE
City-St-Zip: ALBUQUERQUE, NM 87109

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

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

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

Title: CFO
Name: CRAIG, MELISSA
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

05/05/2010

Electronic Signature of Signing Officer or Director

Date