FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000003516 (1)**

1. Corporation Name
MOONRISE HEALTHCARE CORPORATION

Principal Place of Business
LEGAL DEPARTMENT
5131 MASTHEAD ST., N.E.
ALBUQUERQUE NM 87109

Mailing Address
LEGAL DEPARTMENT
5131 MASTHEAD ST., N.E.
ALBUQUERQUE NM 87109

3. Date Incorporated or Qualified: 07/05/1994
3a. Date of Last Report: 06/20/1995

2. Principal Place of Business
21 101 Sun Lane
22 Suite, Apt. #, etc.
23 City & State: Albuquerque NM
24 Zip: 87109
25 Country: USA

2a. Mailing Address
26 Legal Dept.
27 Suite, Apt. #, etc.: 101 Sun Lane
28 City & State: Albuquerque NM
29 Zip: 87109
30 Country: USA

4. FEI Number: 85-0370802 — Applied For / 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 — NAME (Typed or Printed) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	TURNER, ANDREW L	
STREET ADDRESS	5131 MASTHEAD N.E.	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	P	☒ DELETE
NAME	WIMER, MARK	
STREET ADDRESS	2995 N. COLE ROAD #200B	
CITY-ST-ZIP	BOISE ID 83704	
TITLE	S	☐ DELETE
NAME	MANN, NIKKI J.	
STREET ADDRESS	5131 MASTHEAD N.E.	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	T	☒ DELETE
NAME	BROUSSARD, BRUCE	
STREET ADDRESS	5131 MASTHEAD N.E.	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	VP	☐ DELETE
NAME	WARRICK, WILLIAM C.	
STREET ADDRESS	5131 MASTHEAD N.E.	
CITY-ST-ZIP	ALBUQUERQUE NM	
TITLE	AS	☐ DELETE
NAME	ZAMPINI, ALAN	
STREET ADDRESS	2101 WASHINGTON ST.	
CITY-ST-ZIP	NEWTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME	Dale Zulauf	
2.3 STREET ADDRESS	8100 Burning Tree Trail	
2.4 CITY-ST-ZIP	Franktown, CO 80116	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	☐ Change ☒ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☒ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	321 Commonwealth Rd.	
6.4 CITY-ST-ZIP	Wayland, MA 01778	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of changes or on an attachment with an address.

SIGNATURE: Nikki J. Mann — Nikki J. Mann 2-12-96 (505) 856-2432
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

CR2E034 (12/95)