

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003516 (1)

1. Corporation Name
MOONRISE HEALTHCARE CORPORATION

Principal Place of Business

101 SUN LANE
ALBUQUERQUE NM 87109
US

Mailing Address

LEGAL DEPARTMENT
101 SUN LANE
ALBUQUERQUE NM 87109
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/05/1994

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 101 Sun Avenue NE
Suite, Apt. #, etc.
22 City & State
Albuquerque NM
Zip 87109 Country USA

2a. Mailing Address
26 101 Sun Avenue NE
Suite, Apt. #, etc.
27 Legal Dept.
City & State
Albuquerque NM
Zip 87109 Country USA

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

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	DV
NAME	TURNER, ANDREW L.
STREET ADDRESS	5131 MASTHEAD N.E.
CITY - ST - ZIP	ALBUQUERQUE NM
TITLE	P
NAME	ZULAUF, DALE
STREET ADDRESS	8177 BURNING TREE TRAIL
CITY - ST - ZIP	FRANKTOWN CO.
TITLE	S
NAME	MANN, NIKKI J.
STREET ADDRESS	5131 MASTHEAD N.E.
CITY - ST - ZIP	ALBUQUERQUE NM
TITLE	T
NAME	WARRICK, WILLIAM C.
STREET ADDRESS	5131 MASTHEAD N.E.
CITY - ST - ZIP	ALBUQUERQUE NM
TITLE	AS
NAME	ZAMPINI, ALAN
STREET ADDRESS	321 COMMONWEALTH ROAD
CITY - ST - ZIP	WAYLAND MA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	101 Sun Avenue NE
2.4 CITY - ST - ZIP	Albuquerque NM 87109
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	101 Sun Avenue NE
3.4 CITY - ST - ZIP	Albuquerque NM 87109
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	101 Sun Avenue NE
4.4 CITY - ST - ZIP	Albuquerque NM 87109
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michael T. Berg
5.3 STREET ADDRESS	101 Sun Avenue NE
5.4 CITY - ST - ZIP	Albuquerque NM 87109
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Robert D. Walt
6.3 STREET ADDRESS	101 Sun Avenue NE
6.4 CITY - ST - ZIP	Albuquerque NM 87109

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 Berg Michael T. Berg

2-4-98

505 821-3355

CP2E034 (10/97)