

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90217 005 ***150.00

DOCUMENT # F94000003516

1. Entity Name

SUNBRIDGE HEALTHCARE CORPORATION

Principal Place of Business

**101 SUN AVENUE NE
ALBUQUERQUE NM 87109
US**

Mailing Address

**101 SUN AVENUE NE
LEGAL DEPT
ALBUQUERQUE NM 87109
US****958196**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **85-0370802**

Applied For:

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE _____

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	BERG, MICHAEL T	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ZAMPINI, ALAN J	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIMER, MARK G	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PATRICK, MATTHEW G	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLTEL, ROBERT D	
STREET ADDRESS	101 SUN AVENUE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph Turmes	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Berg**Secretary****4-9-01**

Date

505-821-3355

Daytime Phone #

CR2E034 (10/00)