


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000003516</b> 1. Entity Name SUNBRIDGE HEALTHCARE CORPORATION	
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Principal Place of Business 101 SUN AVENUE NE ALBUQUERQUE, NM 87109 US	Mailing Address 101 SUN AVENUE NE LEGAL DEPT ALBUQUERQUE, NM 87109 US
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02162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 85-0370802	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000125805 04/23/04-80007-018 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BERG, MICHAEL T 101 SUN AVENUE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GILMORE, JEFFREY 101 SUN AVENUE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MATHIES, WILLIAM A 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOD ROLES, JERRY 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVD OUSLEY, MARY 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT HAYES, CRAIG D 101 SUN AVE NE ALBUQUERQUE, NM 87109

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Michael T. Berg** 4/9/04 (505) 821-3355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #