

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000003516

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: SUNBRIDGE HEALTHCARE CORPORATION

## Current Principal Place of Business:

101 SUN AVENUE NE  
ALBUQUERQUE, NM 87109 US

## New Principal Place of Business:

## Current Mailing Address:

101 SUN AVENUE NE  
LEGAL DEPT  
ALBUQUERQUE, NM 87109 US

## New Mailing Address:

FEI Number: 85-0370802      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: S ( ) Delete  
Name: BERG, MICHAEL T  
Address: 101 SUN AVENUE NE  
City-St-Zip: ALBUQUERQUE, NM 87109

Title: PD ( ) Delete  
Name: MATHIES, WILLIAM A  
Address: 101 SUN AVE NE  
City-St-Zip: ALBUQUERQUE, NM 87109

Title: CFOD ( ) Delete  
Name: ROLES, JERRY  
Address: 101 SUN AVE NE  
City-St-Zip: ALBUQUERQUE, NM 87109

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

Title: T ( ) Delete  
Name: POLGARDY, MICHAEL  
Address: 101 SUN AVE NE  
City-St-Zip: ALBUQUERQUE, NM 87109

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AT (X) Change ( ) Addition  
Name: MEYER, PAM  
Address: 101 SUN AVE NE  
City-St-Zip: ALBUQUERQUE, NM 87109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL T BERG

S

04/17/2007

Electronic Signature of Signing Officer or Director

Date