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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 # F95000002243 (2)

1. Corporation Name  
SUNCARE RESPIRATORY SERVICES, INC.

Principal Place of Business

101 SUN LANE N.E.  
ATTN: LEGAL DEPT  
ALBUQUERQUE NM 87109

Mailing Address

101 SUN LANE N.E.  
ATTN: LEGAL DEPT  
ALBUQUERQUE NM 87109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1995

4. FEI Number

35-1812159

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

23 Zip Country  
87109 USA

2a. Mailing Address

26 101 Sun Avenue NE  
Suite, Apt. #, etc

27 City & State  
Legal Dept.  
Albuquerque NM

28 Zip Country  
87109 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 VPD  
NAME LEVIN, ROBERT A  
STREET ADDRESS 101 SUN LANE N.E.  
CITY-ST-ZIP ALBUQUERQUE NM

TITLE VP  
NAME TURNER, ANDREW L  
STREET ADDRESS 101 SUN LANE N.E.  
CITY-ST-ZIP ALBUQUERQUE NM

TITLE P  
NAME FUTCH, TOM R  
STREET ADDRESS 2431 DIRECTORS ROW, SUITE G  
CITY-ST-ZIP INDIANAPOLIS IN

TITLE VP  
NAME WARRICK, WILLIAM C  
STREET ADDRESS 101 SUN LANE N.E.  
CITY-ST-ZIP ALBUQUERQUE NM 87109

TITLE S  
NAME MANN, NIKKI J  
STREET ADDRESS 101 SUN LANE N.E.  
CITY-ST-ZIP ALBUQUERQUE NM 87109

TITLE D  
NAME WOLTIL, ROBERT D  
STREET ADDRESS 101 SUN LANE NE  
CITY-ST-ZIP ALBUQUERQUE NM

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 101 Sun Avenue NE  
1.4 CITY-ST-ZIP Albuquerque NM 87109

2.1 TITLE AS  
2.2 NAME Michael T. Berg  
2.3 STREET ADDRESS 101 Sun Avenue NE  
2.4 CITY-ST-ZIP Albuquerque NM 87109

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 100 E. College Ave., Suite 800  
3.4 CITY-ST-ZIP Tallahassee FL 32301

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 101 Sun Avenue NE  
4.4 CITY-ST-ZIP Albuquerque NM 87109

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS 101 Sun Avenue NE  
5.4 CITY-ST-ZIP Albuquerque NM 87109

6.1 TITLE  
6.2 NAME  
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 607.07(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 T. Berg

Assistant Secretary 2.4.98

505/221-3355

CR2E034 (10/97)