

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000002243**

1. Entity Name

SUNCARE RESPIRATORY SERVICES, INC.**FILED****Apr 24, 2000 8:00 am**
Secretary of State

04-24-2000 90197 016 ***150.00

Principal Place of Business

Mailing Address

**101 SUN AVENUE NE
ALBUQUERQUE NM 87109
US****101 SUN AVENUE NE
ATTN: LEGAL DEPT
ALBUQUERQUE NM 87109-4373
US**

00037230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1812159**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 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, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WIMER, MARK G	101 SUN AVENUE NE	ALBUQUERQUE NM 87109						
	AS			<input checked="" type="checkbox"/> Delete		Secretary			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	BERG, MICHAEL T	101 SUN AVENUE NE	ALBUQUERQUE NM 87109			Michael T. Berg	101 Sun Avenue, NE	Albuquerque, NM 87109	
	P			<input type="checkbox"/> Delete		VP & Treasurer			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	FUTCH, TOM R	106 E COLLEGE AVE, SUITE 800	TALLAHASSEE FL 32301			Matthew G. Patrick	101 Sun Avenue, NE	Albuquerque, NM 87109	
	VP			<input checked="" type="checkbox"/> Delete		VPC			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	WARRICK, WILLIAM C	101 SUN AVENUE NE	ALBUQUERQUE NM 87109			Jennifer Botter	101 Sun Avenue, NE	Albuquerque, NM 87109	
	S			<input checked="" type="checkbox"/> Delete		AS			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	MANN, NIKKI J	101 SUN AVENUE NE	ALBUQUERQUE NM 87109			Jeffrey Gilmore	101 Sun Avenue, NE	Albuquerque, NM 87109	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WOLTIL, ROBERT D	101 SUN AVENUE NE	ALBUQUERQUE NM 87109						

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:

Michael T. Berg, Secretary

3/22/00

505-821-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)