

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90022 025 ***150.00

DOCUMENT # F95000005832

1. Corporation Name

SUN COAST RETIREMENT, INC.

Principal Place of Business

SUN HEALTHCARE GROUP - LEGAL DEPT.
101 SUN AVE. N.E.
ALBUQUERQUE NM 87109

Mailing Address

SUN HEALTHCARE GROUP - LEGAL DEPT.
101 SUN AVE. N.E.
ALBUQUERQUE NM 87109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1995

4. FEI Number

58-2202098

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

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

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

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PC	BROGDON, CHRIS	6000 LAKE FOREST DRIVE SUITE 200	ATLANTA GA 30328	<input checked="" type="checkbox"/>
S	REES, PHILIP	6000 LAKE FOREST DRIVE SUITE 200	ATLANTA GA 30328	<input checked="" type="checkbox"/>
TD	TUCKER, DARRELL C	6000 LAKE FOREST DRIVE SUITE 200	ATLANTA GA 30328	<input checked="" type="checkbox"/>
D	LANE, EDWARD E	6000 LAKE FOREST DRIVE SUITE 200	ATLANTA GA 30328	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Jerry Meyer	101 Sun Ave NE	Albuquerque NM 87109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP, COO & Director	Robert D. Wolff	101 Sun Ave NE	Albuquerque NM 87109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP + Treasurer	Matthew G. Patrick	101 Sun Ave NE	Albuquerque NM 87109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Nikki J. Mann	101 Sun Ave NE	Albuquerque NM 87109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Asst. Secretary	Michael T. Berg	101 Sun Ave NE	Albuquerque NM 87109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Director	M. Scott Athans	101 Sun Avenue NE	Albuquerque NM 87109	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

505/821-3355

Daytime Phone #

CR2E034 (11/98)

0651715