

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 01, 1999 8:00 am
Secretary of State

03-01-1999 90047 018 ***150.00

DOCUMENT # F96000003097

1. Corporation Name

LAKE FOREST HEALTHCARE CENTER, INC.



Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1996

4. FEI Number

58-2223168

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

**DCP
BROGDON, CHRIS
6000 LAKE FORREST DR #200
ATLANTA GA 30328**

☒ DELETE

1.1 TITLE

**President
Alan J. Zampini**

☐ Change

☒ Addition

NAME

**6000 LAKE FORREST DR #200
ATLANTA GA 30328**

STREET ADDRESS

CITY-ST-ZIP

1.2 NAME

101 Sun Ave NE

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Albuquerque NM 87109

TITLE

**DS
LANE, EDWARD E
6000 LAKE FORREST DR #200
ATLANTA GA 30328**

☒ DELETE

2.1 TITLE

VP, CFO & Director

☐ Change

☒ Addition

NAME

**6000 LAKE FORREST DR #200
ATLANTA GA 30328**

STREET ADDRESS

CITY-ST-ZIP

2.2 NAME

Robert D. Walsh

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**101 Sun Ave NE
Albuquerque NM 87109**

TITLE

**DT
TUCKER, DARRELL C
6000 LAKE FORREST DR #200
ATLANTA GA 30328**

☒ DELETE

3.1 TITLE

VP & OTTIS Super

☐ Change

☒ Addition

NAME

**6000 LAKE FORREST DR #200
ATLANTA GA 30328**

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

Matthew G. Patrick

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**101 Sun Ave NE
Albuquerque NM 87109**

TITLE

**S
REES, PHILIP M
6000 LAKE FORREST DR #200
ATLANTA GA 30328**

☒ DELETE

4.1 TITLE

Director

☐ Change

☒ Addition

NAME

**6000 LAKE FORREST DR #200
ATLANTA GA 30328**

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

M. Scott Ahrens

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**101 Sun Avenue NE
Albuquerque NM 87109**

TITLE

☐ DELETE

5.1 TITLE

Secretary

☐ Change

☒ Addition

NAME

Nikki J. Mann

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

101 Sun Ave NE

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Albuquerque NM 87109

TITLE

☐ DELETE

6.1 TITLE

Asst. Secretary

☐ Change

☒ Addition

NAME

Michael T. Berg

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

101 Sun Ave NE

6.3 STREET ADDRESS

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 19.07(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:

Michael Berg

1.11.99

505/821-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0551718