Applied For

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PRÖFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F96000003746**1. Corporation Name

RIVIERA RETIREMENT, INC.

Principal Place of Business		Mailing Address				
SUN MEALTHCARE GROUP - LEGAL DEPT. 101 SUN AVENUE NE ALBUQUERQUE NM 87109		SUN HEALTHCARE GROUP - LEGAL DEPT 101 SUN AVENUE NE ALBUQUERQUE NM 87109				
- 7 '		2a. Mailing Address				
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				
11		26				

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

07/24/1996

4. FEI Number

]		26					58-2250070		Not Applicable		
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required			
City & State			City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees					
Zip	Country 25	29	Zip Coun		ntry		This corporation owes the current year Personal Property Tax.	Intangible ☐ Ye			
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 82	Name Street Addre	ess (P.O. Box Number is Not Acceptable)						
					83		-				
					84			L 85			
office or red	o the provisions of Sections 607. gistered agent, or both, in the St familiar with, and accept the ob	ate of Flor	ida. Such change was a	authorized	by	the corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changi pointment	ing its registered as registered		

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS _I IN 12
TITLE	PCD	DELETE	1.1 TITLE	President	☐ Change	Addition
NAME	BROGDON, CHRIS	/ \	1.2 NAME	Tom Moller		. (
STREET ADDRESS	6000 LAKE FORREST DRIVE #200		1.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA 30328	\	1.4 CITY-ST-ZIP	Albuquerque Nm 87109	-	
TITLE	VD	DELETE	2.1 TITLE	UD CED DIRECTOR	Change	Addition
NAME	LANE, EDWARD E	/ \	2.2 NAME			/\
STREET ADDRESS	6000 LAKE FORREST DRIVE #200		2.3 STREET ADDRESS	101 Sun Ave NE		
CITY-ST-ZIP	ATLANTA GA 30328	\ /	2. 4 CITY-ST-ZIP	Albuquerque NIII 8-110	7	1
TITLE	S	DELETE	3.1 TITLE	10 - TUASUSPA	Change	Addition
NAME	REES, PHILIP M	/ \	32 NAME	Matthew & Patrick		
STREET ADDRESS	6000 LAKE FORREST DRIVE #200	_	3.3 STREET ADDRESS	101 Jun Avenue	a	
CITY-ST-ZIP	ATLANTA GA 30328		34 CITY-ST-ZIP	Albuquerque Nm 8710	<u>/</u>	
TITLE	TD	DELETE	41 TITLE	Seace tours	Change	Addition
NAME	TUCKER, DARRELL C		4.2 NAME	NIKKI J. Mann		, /
STREET ADDRESS	6000 LAKE FORREST DRIVE #200		4.3 STREET ADDRESS	101 Sun Are NE		
CITY-ST-ZIP	ATLANTA GA 30328		4.4 C(TY-ST-Z)P	Albuguerque NM 87109		
TITLE		☐ DELETE	5.1 TITLE	Asst Scene tany Michael T. L 101 Sun AVE NE Michael T. L Albug wague, NM 87109	2 ☐ Change	Addition
NAME			5.2 NAME	101 Jun AVE NE ME	ser 9	. /
STREET ADDRESS			5.3 STREET ADDRESS	Albuqueram, Nm 87109		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	7 0 0 7		1/
TITLE		☐ DELETE	. 6.1 TMLE	Director, Albans	☐ Change	Addition
NAME			6.2 NAME	M. Josh ATTRUS		\wedge
STREET ADDRESS			6.3 STREET ADDRESS	M. Scott Athans 101 Sun Ave NE	na	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Albuquerque NM 8710	/ /	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07((1)). 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: