

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am  
Secretary of State

05-05-2001 90191 001 \*1,800.00

DOCUMENT # F96000003747

1. Entity Name

SOUTHSIDE HEALTH CARE CENTER, 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

44085



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 58-2255228

Applied For

Not Applicable

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, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	<del>ZAMPINI, ALAN J</del>	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	VPCD	<input type="checkbox"/> Delete
NAME	WOLTIL, ROBERT D	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	PATRICK, MATHEW G	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERG, MICHEAL T	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIMER, MARK G	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Joseph P. Turmes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)