


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000003747</b>	
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
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DO NOT WRITE IN THIS SPACE



02162004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2255228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000125790 04/23/04-80007-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MATHIES, WILLIAM A 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO ROLES, JERRY 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVD OUSLEY, MARY 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BERG, MICHEAL T 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT HAYES, CRAIG D 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Michael T. Berg</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>4/9/04</u>	Daytime Phone #: <u>(505) 821-3355</u>
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