


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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

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 \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000125790
 04/23/04-80007-012 150.00

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