

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90067 023 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000005018

1. Corporation Name

UNIVERSITY/GAINESVILLE HEALTH CARE 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

09/30/1996

4. FEI Number

58-2262845

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 PDC  
NAME BROGDON, CHRIS  
STREET ADDRESS 6000 LAKE FORREST DR., #200  
CITY-ST-ZIP ATLANTA GA 30328

☒ DELETE

TITLE S  
NAME REES, PHILIP  
STREET ADDRESS 6000 LAKE FORREST DR., #200  
CITY-ST-ZIP ATLANTA GA 30328

☒ DELETE

TITLE D  
NAME LANE, EDWARD E  
STREET ADDRESS 6000 LAKE FORREST DR., #200  
CITY-ST-ZIP ATLANTA GA 30328

☒ DELETE

TITLE TD  
NAME TUCKER, DARRELL C  
STREET ADDRESS 6000 LAKE FORREST DR., #200  
CITY-ST-ZIP ATLANTA GA

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

President  
Alan J. Zampini  
161 Sun Ave NE  
Albuquerque NM 87109

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VP CFO & Director  
Robert D. Wolf  
101 Sun Ave NE  
Albuquerque NM 87109

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

VP & Treasurer  
Matthew G. Patrick  
101 Sun Ave NE  
Albuquerque NM 87109

☐ Change

☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

M. Scott Athans  
Director  
101 Sun Ave NE  
Albuquerque NM 87109

☐ Change

☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Secretary  
Nikki J. Mann  
101 Sun Ave NE  
Albuquerque NM 87109

☐ Change

☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Asst. Secretary  
Michael T. Berg  
101 Sun Ave NE  
Albuquerque NM 87109

☐ Change

☒ Addition

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* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-99

Date

505/821.3355

Telephone #

CR2E034 (11/98)