

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State
 04-25-2001 90375 028 ***150.00

DOCUMENT # F96000005018

1. Entity 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

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 58-2262845 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|---|--|--|--|--|--|----|--|
| 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 | |

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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|-----------------------------|--|---|------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | Turmes, Joseph P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZAMPINI, ALAN J | | NAME | 101 Sun Ave NE | |
| STREET ADDRESS | 101 SUN AVE NE | | STREET ADDRESS | Albuquerque, NM 87109 | |
| CITY-ST-ZIP | ALBUQUERQUE NM 87109 | | CITY-ST-ZIP | | |
| TITLE | VPCD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOLTI, ROBERT D I | | NAME | | |
| STREET ADDRESS | 101 SUN AVE NE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ALBUQUERQUE NM 87109 | | CITY-ST-ZIP | | |
| TITLE | VPT | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATRICK, MATTHEW G | | NAME | | |
| STREET ADDRESS | 101 SUN AVE NE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ALBUQUERQUE NM 87109 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WIMER, MARK G | | NAME | | |
| STREET ADDRESS | 101 SUN AVE NE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ALBUQUERQUE NM 87109 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERG, MICHAEL T | | NAME | | |
| STREET ADDRESS | 101 SUN AVE NE | | STREET ADDRESS | | |
| CITY-ST-ZIP | ALBUQUERQUE NM 87109 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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)(j), 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: Michael T. Beeg 4/10/01 505-821-3355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)