

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90244 001 *2,100.00

CR2034 AT

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
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11751



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-2262845		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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 NAME TURMES, JOSEPH P STREET ADDRESS 101 SUN AVE NE CITY-ST-ZIP ALBUQUERQUE NM 87109	<input checked="" type="checkbox"/> Delete	TITLE P NAME Robert F. Murphy STREET ADDRESS 101 Sun Ave NE CITY-ST-ZIP Albuquerque, NM 87109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPCD NAME WOLTI, ROBERT D I STREET ADDRESS 101 SUN AVE NE CITY-ST-ZIP ALBUQUERQUE NM 87109	<input checked="" type="checkbox"/> Delete	TITLE CFO NAME Michael E. Rzendzian STREET ADDRESS 101 Sun Ave NE CITY-ST-ZIP Albuquerque, NM 87109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPT NAME PATRICK, MATTHEW G STREET ADDRESS 101 SUN AVE NE CITY-ST-ZIP ALBUQUERQUE NM 87109	<input checked="" type="checkbox"/> Delete	TITLE VPT NAME Robert K. Schneider STREET ADDRESS 101 Sun Ave NE CITY-ST-ZIP Albuquerque, NM 87109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WIMER, MARK G STREET ADDRESS 101 SUN AVE NE CITY-ST-ZIP ALBUQUERQUE NM 87109	<input checked="" type="checkbox"/> Delete	TITLE D NAME Raymond Bower STREET ADDRESS 101 Sun Ave NE CITY-ST-ZIP Albuquerque, NM 87109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME BERG, MICHAEL T STREET ADDRESS 101 SUN AVE NE CITY-ST-ZIP ALBUQUERQUE NM 87109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael T. Berg **SECRETARY** 7/11/02 (505) 621-3355
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (9/01)