

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 27 1997 8:00am
Secretary of State

DOCUMENT # **F96000005952 (4)**

1. Corporation Name
SUNHEALTH ALLIANCE, INC.



Principal Place of Business

**12730 HIGH BLUFF DRIVE, SUITE 300
SAN DIEGO CA 92130-2099**

Mailing Address

**12730 HIGH BLUFF DRIVE, SUITE 300
SAN DIEGO CA 92130-2078**

2. Principal Place of Business

21 Suite Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite Apt #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

11/14/1996

3a. Date of Last Report

4. FEI Number

33-0694408

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 of registered agent and, if applicable, of the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | COBD | <input type="checkbox"/> DELETE |
| NAME | O'LEARY, ROBERT W | |
| STREET ADDRESS | 12730 HIGH BLUFF DRIVE, SUITE 300 | |
| CITY, ST, ZIP | SAN DIEGO CA 92130-2099 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | MORENO, ANTHONY E | |
| STREET ADDRESS | 12730 HIGH BLUFF DRIVE, SUITE 300 | |
| CITY, ST, ZIP | SAN DIEGO CA 92130-2099 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | DE VACA, CHRISTINA | |
| STREET ADDRESS | 12730 HIGH BLUFF DRIVE, SUITE 300 | |
| CITY, ST, ZIP | SAN DIEGO CA 92130-2099 | |
| TITLE | VC | <input type="checkbox"/> DELETE |
| NAME | LATIMER, BEN W | |
| STREET ADDRESS | 4501 CHARLOTTE PARK DRIVE | |
| CITY, ST, ZIP | CHARLOTTE NC 28268-8800 | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WEINSTEIN, ALAN | |
| STREET ADDRESS | 3 WESTBROOK CORP. CENTRE, NINTH FLOOR | |
| CITY, ST, ZIP | WESTCHESTER IL 60154-5735 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY, ST, ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/97 (619) 481-2727

CR2E034 (9/96)