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

PROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
99 APR 19 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **F97000000965**

1. Corporation Name
BIBB HEALTH & REHABILITATION, 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
02/24/1997

4. FEI Number
58-2291182
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Elections Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [X] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature may be added later) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PDC	[X] DELETE
NAME	BROGDON, CHRIS	
STREET ADDRESS	6000 LAKE FORREST DR., #200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VDC	[X] DELETE
NAME	LANE, EDWARD E	
STREET ADDRESS	6000 LAKE FORREST DR., #200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	S	[X] DELETE
NAME	REES, PHILIP M	
STREET ADDRESS	6000 LAKE FORREST DR., #200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	TD	[X] DELETE
NAME	TUCKER, DARRELL C	
STREET ADDRESS	6000 LAKE FORREST DR., #200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	[ ] Change [X] Addition
12 NAME	Alan J. Zamoni	
13 STREET ADDRESS	101 Sun Ave NE	
14 CITY-ST-ZIP	Albuquerque NM 87109	
21 TITLE	VP, CFO & Director	[ ] Change [X] Addition
22 NAME	Robert D. Wertel	
23 STREET ADDRESS	101 Sun Ave NE	
24 CITY-ST-ZIP	Albuquerque NM 87109	
31 TITLE	VP & Treasurer	[ ] Change [X] Addition
32 NAME	Matthew O. Fish Jr.	
33 STREET ADDRESS	101 Sun Ave NE	
34 CITY-ST-ZIP	Albuquerque NM 87109	
41 TITLE	Assistant Secretary	[ ] Change [X] Addition
42 NAME	Michael T. Berg	
43 STREET ADDRESS	101 Sun Ave NE	
44 CITY-ST-ZIP	Albuquerque NM 87109	
51 TITLE	Director	[ ] Change [X] Addition
52 NAME	M Scott Athens	
53 STREET ADDRESS	101 Sun Ave NE	
54 CITY-ST-ZIP	Albuquerque NM 87109	
61 TITLE		[ ] Change [ ] Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. 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 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 Beg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-99
Date

305/821 3355
Daytime Phone