

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90047 017 ***150.00

DOCUMENT # F97000002933

1. Corporation Name

DUVAL HEALTHCARE 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

06/05/1997

4. FEI Number

58-2263059

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PC	<input checked="" type="checkbox"/> DELETE
NAME	BROGDON, CHRIS	
STREET ADDRESS	6000 LAKE FORREST DRIVE #200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	LANE, EDWARD E	
STREET ADDRESS	6000 LAKE FORREST DRIVE #200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, DARRELL C	
STREET ADDRESS	6000 LAKE FORREST DRIVE #200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REES, PHILIP M	
STREET ADDRESS	6000 LAKE FORREST DRIVE #200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alan J. Rampini	
1.3 STREET ADDRESS	101 Sun Ave NE	
1.4 CITY-ST-ZIP	Albuquerque NM 87109	
2.1 TITLE	VP, CFO & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robert D. Walti	
2.3 STREET ADDRESS	101 Sun Ave NE	
2.4 CITY-ST-ZIP	Albuquerque NM 87109	
3.1 TITLE	VP & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Matthew G. Patrick	
3.3 STREET ADDRESS	101 Sun Ave NE	
3.4 CITY-ST-ZIP	Albuquerque NM 87109	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	M. Scott Athans	
4.3 STREET ADDRESS	101 Sun Ave NE	
4.4 CITY-ST-ZIP	Albuquerque NM 87109	
5.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Nikki J. Mann	
5.3 STREET ADDRESS	101 Sun Ave NE	
5.4 CITY-ST-ZIP	Albuquerque NM 87109	
6.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Michael T. Bergl	
6.3 STREET ADDRESS	101 Sun Ave NE	
6.4 CITY-ST-ZIP	Albuquerque NM 87109	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.11.99

505/821.3355

CR2E034 (1/98)

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