

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002933

1. Entity Name
DUVAL HEALTHCARE CENTER, INC.

FILED
May 05, 2001 8:00 am
Secretary of State
05-05-2001 90191 001 *1,800.00

Principal Place of Business Mailing Address
SUN HEALTHCARE GROUP - LEGAL DEPT. SUN HEALTHCARE GROUP - LEGAL DEPT.
101 SUN AVENUE N.E. 101 SUN AVENUE N.E.
ALBUQUERQUE NM 87109 ALBUQUERQUE NM 87109

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **58-2263059** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

Zip Code

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) ☐

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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ~~ZAMPINI, ALAN J~~
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQU NM 87109 ☐ Delete

TITLE
NAME Joseph P. Turmes ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VCD
NAME WOLTL, ROBERT D
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQUE NM 87109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT
NAME PATRICK, MATTHEW G
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQUE NM 87109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WIMER, MARK G
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQUE NM 87109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME BERG, MICHAEL T
STREET ADDRESS 101 SUN AVE NE
CITY-ST-ZIP ALBUQUE NM 87109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 4.9.01 505.821.3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)