


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

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90058 033 \*\*\*150.00

|                                                       |                                                                                   |                                                                                                          |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # K06653**

1. Corporation Name

**FACILITY SUPPLY, INC.**



DO NOT WRITE IN THIS SPACE

|                                                                                                                                |                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>SUN HEALTHCARE GROUP - LEGAL DEPT.<br/>101 SUN AVE. N.E.<br/>ALBUQUERQUE NM 87109<br/>US</b> | Mailing Address<br><b>SUN HEALTHCARE GROUP - LEGAL DEPT.<br/>101 SUN AVE. N.E.<br/>ALBUQUERQUE NM 87109<br/>US</b> |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Country<br><b>25</b>                        | Zip<br><b>29</b>                 |
| Country<br><b>25</b>                        | Country<br><b>30</b>             |

|                                                                                                                                         |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/14/1987</b>                                                                                  |                                                        |
| 4. FEI Number<br><b>65-0053587</b>                                                                                                      | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                               | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                      | <b>\$5.00</b> May Be Added to Fees                     |
| 8. This corporation owes the current year Intangible<br>Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND RD<br/>PLANTATION FL 33324</b> |
|---------------------------------------------------------------------------------------------------------------------------------------|

|                                                       |
|-------------------------------------------------------|
| 10. Name and Address of New Registered Agent          |
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| 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                             |                                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
| TITLE<br><b>PT</b>                                     | <input type="checkbox"/> DELETE            | 1.1 TITLE<br><b>P</b>                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME<br><b>FOX, DONALD F</b>                           |                                            | 1.2 NAME<br><b>Fox, Donald F.</b>                     |                                                                              |
| STREET ADDRESS<br><b>6025-A SHILOH RD</b>              |                                            | 1.3 STREET ADDRESS<br><b>6025-A Shiloh Rd.</b>        |                                                                              |
| CITY-ST-ZIP<br><b>ALPHARETTA GA 30005</b>              |                                            | 1.4 CITY-ST-ZIP<br><b>Alpharetta, GA 30005</b>        |                                                                              |
| TITLE<br><b>D</b>                                      | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE<br><b>D, CFO</b>                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>BROGOON, CHRIS</b>                          |                                            | 2.2 NAME<br><b>Robert D. Woltil</b>                   |                                                                              |
| STREET ADDRESS<br><b>6000 LAKE FORREST DR, STE 200</b> |                                            | 2.3 STREET ADDRESS<br><b>101 Sun Avenue, NE</b>       |                                                                              |
| CITY-ST-ZIP<br><b>ATLANTA GA 30328</b>                 |                                            | 2.4 CITY-ST-ZIP<br><b>Albuquerque, NM 87109</b>       |                                                                              |
| TITLE<br><b>D</b>                                      | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE<br><b>D</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>LANE, EDWARD E</b>                          |                                            | 3.2 NAME<br><b>Mark G. Wimer</b>                      |                                                                              |
| STREET ADDRESS<br><b>6000 LAKE FORREST DR STE 200</b>  |                                            | 3.3 STREET ADDRESS<br><b>101 Sun Avenue, NE</b>       |                                                                              |
| CITY-ST-ZIP<br><b>ATLANTA GA 30328</b>                 |                                            | 3.4 CITY-ST-ZIP<br><b>Albuquerque, NM 87109</b>       |                                                                              |
| TITLE<br><b>D</b>                                      | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE<br><b>AS</b>                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>TUCKER, DARRYL C</b>                        |                                            | 4.2 NAME<br><b>Michael T. Berg</b>                    |                                                                              |
| STREET ADDRESS<br><b>6000 LAKE FORREST DR, STE 200</b> |                                            | 4.3 STREET ADDRESS<br><b>101 Sun Avenue, NE</b>       |                                                                              |
| CITY-ST-ZIP<br><b>ATLANTA GA 30328</b>                 |                                            | 4.4 CITY-ST-ZIP<br><b>Albuquerque, NM 87109</b>       |                                                                              |
| TITLE<br><b>S</b>                                      | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE<br><b>TV</b>                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME<br><b>REES, PHILIP M</b>                          |                                            | 5.2 NAME<br><b>Matthew G. Patrick</b>                 |                                                                              |
| STREET ADDRESS<br><b>6000 LAKE FORREST DR, STE 200</b> |                                            | 5.3 STREET ADDRESS<br><b>101 Sun Avenue, NE</b>       |                                                                              |
| CITY-ST-ZIP<br><b>ATLANTA GA 30328</b>                 |                                            | 5.4 CITY-ST-ZIP<br><b>Albuquerque, NM 87109</b>       |                                                                              |
| TITLE<br><input type="checkbox"/> DELETE               |                                            | 6.1 TITLE<br><b>S</b>                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                   |                                            | 6.2 NAME<br><b>Nikki J. Mann</b>                      |                                                                              |
| STREET ADDRESS                                         |                                            | 6.3 STREET ADDRESS<br><b>101 Sun Avenue, NE</b>       |                                                                              |
| CITY-ST-ZIP                                            |                                            | 6.4 CITY-ST-ZIP<br><b>Albuquerque, NM 87109</b>       |                                                                              |

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 T. Berg*

**Michael T. Berg, Asst. Sec. 2/2/99 505-821-3355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (1-1/98)

247756-9058-33  
106653

**FACILITY SUPPLY, INC.  
OFFICERS AND DIRECTORS**

| <u>Position</u>                  | <u>Name</u>        | <u>Address</u>                               | <u>Term</u>                                      |
|----------------------------------|--------------------|----------------------------------------------|--------------------------------------------------|
| President                        | Donald F. Fox      | 6025 Shiloh Rd.<br>Alpharetta, Georgia 30005 | Until successor is duly<br>elected and qualified |
| Chief Financial<br>Officer       | Robert D. Woltl    | 101 Sun Avenue NE<br>Albuquerque, NM 87109   | Until successor is duly<br>elected and qualified |
| Vice President                   | Ray Fitchette      | 101 Sun Avenue, NE<br>Albuquerque, NM 87109  | Until successor is duly<br>elected and qualified |
| Vice President<br>and Controller | William C. Warrick | 101 Sun Avenue, NE<br>Albuquerque, NM 87109  | Until successor is duly<br>elected and qualified |
| Vice President<br>and Treasurer  | Matthew G. Patrick | 101 Sun Avenue NE<br>Albuquerque, NM 87109   | Until successor is duly<br>elected and qualified |
| Assistant<br>Treasurer           | D. Craig Hayes     | 101 Sun Avenue NE<br>Albuquerque, NM 87109   | Until successor is duly<br>elected and qualified |
| Secretary                        | Nikki J. Mann      | 101 Sun Avenue NE<br>Albuquerque, NM 87109   | Until successor is duly<br>elected and qualified |
| Assistant<br>Secretary           | Michael T. Berg    | 101 Sun Avenue NE<br>Albuquerque, NM 87109   | Until successor is duly<br>elected and qualified |
| Assistant<br>Secretary           | Jeffrey C. Gilmore | 101 Sun Avenue NE<br>Albuquerque, NM 87109   | Until successor is duly<br>elected and qualified |
| Director                         | Mark G. Wimer      | 101 Sun Avenue NE<br>Albuquerque, NM 87109   | Until successor is duly<br>elected and qualified |
| Director                         | Robert D. Woltl    | 101 Sun Avenue NE<br>Albuquerque, NM 87109   | Until successor is duly<br>elected and qualified |