

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K06653

1. Entity Name

FACILITY SUPPLY, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90197 025 \*\*\*150.00

Principal Place of Business

Mailing Address

SUN HEALTHCARE GROUP - LEGAL DEPT.  
101 SUN AVE. N.E.  
ALBUQUERQUE NM 87109  
US

SUN HEALTHCARE GROUP - LEGAL DEPT.  
101 SUN AVE. N.E.  
ALBUQUERQUE NM 87109-4373  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0053587

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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, 2000 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 PT  
NAME FOX, DONALD F  
STREET ADDRESS 6025-A SHILOH RD  
CITY-ST-ZIP ALPHARETTA GA 30005 ☒ Delete

TITLE  
NAME President  
STREET ADDRESS James Hosley  
CITY-ST-ZIP 101 Sun Avenue, NE  
Albuquerque, NM 87109 ☐ Change ☒ Addition

TITLE  
NAME DCFO  
STREET ADDRESS WOLTIL, ROBERT D  
CITY-ST-ZIP 101 SUN AVE NE  
ALBUQUERQUE 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 ALBUQUERQUE NM 87109 ☐ Delete

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

TITLE AS  
NAME BERG, MICHAEL T  
STREET ADDRESS 101 SUN AVE NE  
CITY-ST-ZIP ALBUQUERQUE NM 87109 ☒ Delete

TITLE Secretary  
NAME Michael T. Berg  
STREET ADDRESS 101 Sun Avenue, NE  
CITY-ST-ZIP Albuquerque, NM 87109 ☒ Change ☐ Addition

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

TITLE Treasurer and VP  
NAME Matthew G. Patrick  
STREET ADDRESS 101 Sun Avenue, NE  
CITY-ST-ZIP Albuquerque, NM 87109 ☒ Change ☐ Addition

TITLE S  
NAME MANN, NIKKI J  
STREET ADDRESS 101 SUN AVE NE  
CITY-ST-ZIP ALBUQUERQUE NM 87109 ☒ Delete

TITLE Assistant Secretary  
NAME Jeffrey Gilmore  
STREET ADDRESS 101 Sun Avenue, NE  
CITY-ST-ZIP Albuquerque, NM 87109 ☐ 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael T. Berg, Secretary 3/22/00 505-821-3355

Date

Daytime Phone #

CR2E034 (9/99)