FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:26

DOCUMENT # L70471 (2)

1. Corporation Name
AHP OF SUNRISE, INC.

Principal Place of Business	Mailing Address
% C T CORPORATION SYSTEM ~~8361 WEST BROWARD BLVD.~~ PLANTATION FL 33324	% C T CORPORATION SYSTEM ~~8361 WEST BROWARD BLVD.~~ PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/04/1990
3a. Date of Last Report: 03/10/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 1200 S. Pine Island Road
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 1200 S. Pine Island Road
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 95-4278041 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☒ Addition
NAME	SULLIVAN, JOSEPH P	1.2 NAME	
STREET ADDRESS	6400 S. FIDDLER'S GREEN CR. STE. 1800	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	1.4 CITY-ST-ZIP	80111
TITLE	VD	2.1 TITLE	☐ Change ☒ Addition
NAME	LEWIS, GEOFFREY D.	2.2 NAME	
STREET ADDRESS	6400 S FIDDLERS GREEN CR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	2.4 CITY-ST-ZIP	80111
TITLE	TD	3.1 TITLE	and Vice President ☐ Change ☒ Addition
NAME	STREUFERT, VICTOR C.	3.2 NAME	
STREET ADDRESS	6400 S FIDDLERS GREEN CR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP	80111
TITLE	S	4.1 TITLE	☐ Change ☒ Addition
NAME	LEWIS, GEOFFREY D.	4.2 NAME	
STREET ADDRESS	6400 S FIDDLERS GREEN CR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	4.4 CITY-ST-ZIP	80111
TITLE		5.1 TITLE	Vice President ☐ Change ☒ Addition
NAME		5.2 NAME	Schonert, C. Gregory
STREET ADDRESS		5.3 STREET ADDRESS	6400 S. Fiddler's Green Cir., Ste. 1800
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Englewood, CO 80111
TITLE		6.1 TITLE	Assistant Secretary ☐ Change ☒ Addition
NAME		6.2 NAME	Michael J. McGee
STREET ADDRESS		6.3 STREET ADDRESS	6400 S. Fiddler's Green Cir., Ste. 1800
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Englewood, CO 80111

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Geoffrey D. Lewis - Geoffrey D. Lewis V.P 3/7/95 (303)796-9793
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0231752 CP