

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

**FILED**

**Feb 03 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L70471 (2)**

1. Corporation Name  
**AHP OF SUNRISE, INC.**



Principal Place of Business <b>C/O AMERICAN HEALTH PROPERTIES, INC. 6400 S. FIDDLER'S GREEN CIRCLE, STE 1800 ENGLEWOOD CO 80111</b>	Mailing Address <b>C/O AMERICAN HEALTH PROPERTIES, INC. 6400 S. FIDDLER'S GREEN CIRCLE, STE 1800 ENGLEWOOD CO 80111-4837</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified <b>05/04/1990</b>	3a. Date of Last Report <b>06/06/1996</b>
4. FEI Number <b>95-4278041</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SULLIVAN, JOSEPH P	
STREET ADDRESS	6400 S. FIDDLER'S GREEN CR. STE. 1800	
CITY - ST - ZIP	ENGLEWOOD CO 80111	
TITLE	<del>VD</del> VD	<input type="checkbox"/> DELETE
NAME	MCGEE, MICHAEL J	
STREET ADDRESS	6400 S FIDDLERS GREEN CR STE 1800	
CITY - ST - ZIP	ENGLEWOOD CO 80111	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHONERT, GREGORY C	
STREET ADDRESS	6400 S FIDDLERS GREEN CR STE 1800	
CITY - ST - ZIP	ENGLEWOOD CO 80111	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, GEOFFREY D.	
STREET ADDRESS	6400 S FIDDLERS GREEN CR	
CITY - ST - ZIP	ENGLEWOOD CO	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VDS
3.3 STREET ADDRESS	Thomas T. Schleck
3.4 CITY - ST - ZIP	6400 S. Fiddler's Green Cir., #1800 Englewood, CO 80111
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *Thomas T. Schleck* (303) 796-9793

CR2E034 (9/96)