

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

FILED

Feb 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L70471

(2)

1. Corporation Name
AHP OF SUNRISE, INC.

Principal Place of Business

C/O AMERICAN HEALTH PROPERTIES, INC.
6400 S. FIDDLER'S GREEN CIRCLE, STE 1800
ENGLEWOOD CO 80111

Mailing Address

C/O AMERICAN HEALTH PROPERTIES, INC.
6400 S. FIDDLER'S GREEN CIRCLE, STE 1800
ENGLEWOOD CO 80111-4837



3. Date Incorporated or Qualified 05/04/1990	3a. Date of Last Report 06/06/1996
4. FEI Number 95-4278041	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

29 Country

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

Signature typed or printed name of registered agent and title if applicable

(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	VD VD	<input type="checkbox"/> DELETE
NAME	MC GEE, 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 amendment with an address.

SIGNATURE:

Thomas T. Schleck
THOMAS T. SCHLECK, PRESIDENT

(303) 796-9793

CR2E034 (9/96)