


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

FILED  
Apr 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</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</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>05/04/1990</b>	
		4. FEI Number <b>95-4278041</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		81 Name		10. Name and Address of New Registered Agent	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
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 80111	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	MC GEE, MICHAEL J	2.2 NAME	
STREET ADDRESS	6400 S FIDDLERS GREEN CR STE 1800	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	2.4 CITY-ST-ZIP	
TITLE	VDS	3.1 TITLE	VD
NAME	SCHLECK, THOMAS	3.2 NAME	SCHLECK THOMAS T
STREET ADDRESS	6400 S FIDDLERS GREEN CR STE 1800	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VS
NAME		4.2 NAME	ROSEMAN, STEVEN A.
STREET ADDRESS		4.3 STREET ADDRESS	6400 S. Fiddler's Green Cir., Ste. 1800
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Englewood, CO 80111
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: \_\_\_\_\_

1/19/98

(303) 796-9793

CR2E034 (10/97)