

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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90087 001 \*\*\*750.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L70471**

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>05/04/1990</b>	
4. FEI Number <b>95-4278041</b>	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> DELETE
NAME	MCGEE, MICHAEL J	
STREET ADDRESS	6400 S FIDDLERS GREEN CR STE 1800	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHLECK, THOMAS T	
STREET ADDRESS	6400 S FIDDLERS GREEN CR STE 1800	
CITY-ST-ZIP	ENGLEWOOD CO	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ROSEMAN, STEVEN A	
STREET ADDRESS	6400 S. FIDDLERS GREEN CR., STE. 1800	
CITY-ST-ZIP	ENLEWOOD CO 80111	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C. Gregory Schonert	
1.3 STREET ADDRESS	Same	
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kay L. Hide	
2.3 STREET ADDRESS	Same	
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Michael J. Minatta	
3.3 STREET ADDRESS	Same	
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stephen G. Kroll	
4.3 STREET ADDRESS	Same	
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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99 (303) 796-9793  
Date Daytime Phone #

CR2E034 (1/1/98)

**DIRECTORS**

281968-90087-4  
L70471

Joseph P. Sullivan  
Michael J. McGee  
Steven A. Roseman

**OFFICERS**

Joseph P. Sullivan	President and Chief Executive Officer
Michael J. McGee	Vice President, Chief Financial Officer and Assistant Secretary and Treasurer
Steven A. Roseman	Vice President and Secretary
C. Gregory Schonert	Vice President
Kay L. Hide	Vice President – Portfolio Management and Human Resources
Michael J. Minatta	Vice President and Controller
Stephen G. Kroll	Vice President – Property Management