

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  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L70471**

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



Principal Place of Business

Mailing Address

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/04/1990**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **SULLIVAN, JOSEPH P**  
STREET ADDRESS **6400 S. FIDDLER'S GREEN CR. STE. 1800**  
CITY-ST-ZIP **ENGLEWOOD CO 80111**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

VP ☐ Change ☒ Addition  
**C. Gregory Schonert**  
**Same**

TITLE **VD** ☐ DELETE  
NAME **MCGEE, MICHAEL J**  
STREET ADDRESS **6400 S FIDDLERS GREEN CR STE 1800**  
CITY-ST-ZIP **ENGLEWOOD CO**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

VP ☐ Change ☒ Addition  
**Kay L. Hide**  
**Same**

TITLE **VD** ☒ DELETE  
NAME **SCHLECK, THOMAS T**  
STREET ADDRESS **6400 S FIDDLERS GREEN CR STE 1800**  
CITY-ST-ZIP **ENGLEWOOD CO**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

VP ☐ Change ☒ Addition  
**Michael J. Minatta**  
**Same**

TITLE **VS** ☐ DELETE  
NAME **ROSEMAN, STEVEN A**  
STREET ADDRESS **6400 S. FIDDLERS GREEN CR., STE. 1800**  
CITY-ST-ZIP **ENLEWOOD CO 80111**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

VP ☐ Change ☒ Addition  
**Stephen G. Kroll**  
**Same**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 Required**  
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