

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P29542** ✓

1. Corporation Name

AMERICARE HEALTH SERVICES CORP.

Principal Place of Business

SUN HEALTHCARE GROUP - LEGAL DEPT.
101 SUN AVE. N.E.
ALBUQUERQUE NM 87109
US

Mailing Address

P.O. BOX 2070
ALPHARETTA GA 30023-2070
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1990

4. FEI Number

22-3046557

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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	P	<input checked="" type="checkbox"/> DELETE
NAME	FOX, DONALD F.	
STREET ADDRESS	6025 SHILOH RD STE A	
CITY-ST-ZIP	ALPHARETTA GA 30005	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	REES, PHILIP M.	
STREET ADDRESS	6000 LAKE FORREST DR STE 200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROGOON, CHRIS	
STREET ADDRESS	6000 LAKE FORREST DR STE 200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LANE, EDWARD E.	
STREET ADDRESS	6000 LAKE FORREST DR STE 200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TUCKER, DARRELL C.	
STREET ADDRESS	6000 LAKE FORREST DR STE 200	
CITY-ST-ZIP	ATLANTA GA 30328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James E. Hosley	
1.3 STREET ADDRESS	101 Sun Avenue, NE	
1.4 CITY-ST-ZIP	Albuquerque, NM 87109	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael T. Berg	
2.3 STREET ADDRESS	101 Sun Avenue, NE	
2.4 CITY-ST-ZIP	Albuquerque, NM 87109	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mark G. Wimer	
3.3 STREET ADDRESS	101 Sun Avenue, NE	
3.4 CITY-ST-ZIP	Albuquerque, NM 87109	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert D. Wolt11	
4.3 STREET ADDRESS	101 Sun Avenue, NE	
4.4 CITY-ST-ZIP	Albuquerque, NM 87109	
5.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Matthew G. Patrick	
5.3 STREET ADDRESS	101 Sun Avenue, NE	
5.4 CITY-ST-ZIP	Albuquerque, NM 87109	
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.

SIGNATURE: *Michael T. Berg* **SIGNATURE REQUIRED**

8/4/99

505-821-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90006 024 ***550.00

