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).

Mailing Address

P.O. BOX 2070

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

SUNCHOICE, COM, INC.

SUN HEALTHCARE GROUP - LEGAL DEPT.

Principal Place of Business

FILED Aug 17, 1999 8:00 am Secretary of State 08-17-1999 90006 023 ***550.00



Albuquerque, NM 87109 2. Principal Place of Business 2. Albuquerque, NM 87109 3. The Number	101 SUN AVE. N.E.		ALPHARETTA-GA-30023-2070-				DO NOT WRITE IN THIS	SSDACE		
Albuquerque, NM 87109 2a. Name Address Name	ALBUQUERQUE NM 87109		US 101 Sun Avenue, NE			VE.				
2. Principal Place of Business 22. Maling Address 22. 304844 Not Applicable For Not Applicable Not A			Albuquerque, NM 87109			37109				
Sulta, Apt. #, etc. 27									Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.	21		<u> </u>			2	22-3046484		Not Applicable	
Attn: legal Dept. Fee Required City & State City & C		#, etc.	11				E Codificate of Status Desired	\$8.7	5 Additional	
City A State City A State City	22		27 Attn: Legal Dept.				5. Certificate of Status Desired	Fee	Required	
Zip	City & State)					6. Election Campaign Financing	\$5.0	May Be	
9. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 SOUTH PIONE ISLAND ROAD PLANTATION FL 33324 11. Pursuant to the provisions of sections 607.0502 and 607.1506, Ferrias Statutes, the above-braned corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, 1994 or pristed new of vajobered agent of or pristed new of purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, 1994 or pristed new of vajobered with a system of pristed section 607.0505, Florida Statutes. SIGNATURE Signature, 1994 or pristed new of vajobered with a system of pristed new of vajobered signature, 1994 or pristed new of vajobered signature in the provision of sections 607.0502 and 607.1506, Farrida Statutes. 10. Name and Address of Now Registered Agent 11. Pursuant to the purpose of changing its registered agent of cooper of vajobered signature in the pristered operation of vajobered signature in the purpose of changing its registered agent in the purpose of changing its registered agent in the pristered operat	23		+ -1 - +++				Trust Fund Contribution	Adde	d to Fees	
9. Name and Address of Current Registered Agent C.T. CORPORATION SYSTEM 1200 SOUTH PIONE ISLAND ROAD PLANTATION FL 33324 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. Thereby accept the applications of section 607.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of section 607.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the application and accept the obligations of section 607.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the application and accept the obligations of section 607.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the application and accept the obligations of section 607.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the application and accept the obligations of section 607.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the application and accept the obligations of section 607.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the application and accept the obligations of section 607.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the application and accept the obligations of section 607.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the application and accept the obligations of section 607.0503, Florida Statutes, the above-named corporation's board of directors. Thereby accept the application and accept the obligations of section 607.0503, Florida Statutes, the above-named corporation's boar	∟ Zip	Country	⊢ · ⊢	¬ ` ` ` `	try			— 1	п. . Т	
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C.T. CORPORATION SYSTEM 1200 SOUTH PIONE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 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 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, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed value of registered agent or printed value of registered agent or printed value of registered agent or printed value. PT OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. WAME FOX; DONALD F FOX; DONALD F FOX; DONALD F FOX; DONALD F STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS ALPHARETA GA 30005 ALPHARETA GA 30005 ALPHARETA GA 30005 ALPHARETA GA 30005 ALPHARETA GA 30028 THE S STREET ADDRESS STREET ADDRE										
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PLANTATION FL 33324 83 84 City						82 Street Address (P.O. Box Number is Not Acceptable)				
11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, hyper or printed name of registered agent and tilts if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTILE PT. SCY, DONALD F 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTILE PT. SCY, DONALD F 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTILE PT. SCY, DONALD F 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTILE PT. SCY, DONALD F 14. CITY-ST-2IP ALPHARETA GA 300005 14. CITY-ST-2IP ALPHARETA GA 300005 14. CITY-ST-2IP ALPHARETA GA 300005 15. CORD SMELL C 15. Treasurer			-			22				
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. Thereby accept the appointment as registered office or registered agent, and floridate with, and accept the obligations of, section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature, Speed or printed name of registered agent agent and title if applicable. (NOTE: Registered Agent aspeature required when reinstating) DATE Signature, Speed or printed name of registered agent agent and title if applicable. (NOTE: Registered Agent aspeature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE FOX: DONALD F FOX: Change					63					
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64 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 7.5 L hereby codify that the information supplied with this filling does not qualify for the examption stated in section 119 07(3Vi). Florida Statutas I further certify that the information	C/TY-ST-ZIP						# - 440 07/0V/0 El 14 0			

indicated on this annual report or supplied wint this limits goes not quality for the exemption stated in section 319.0/(3)(I), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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:

RE(Secretary)

8/4/99

505-821-3355