

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).

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

08-17-1999 90006 023 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P29543 ✓
 1. Corporation Name
SUNCHOICE.COM, INC.

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 30029-2070 US 101 Sun Avenue, NE Albuquerque, NM 87109
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 05/29/1990	4. FEI Number 22-3046484	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
C.T. CORPORATION SYSTEM
1200 SOUTH PIONEER 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOX, DONALD F		1.2 NAME James E. Hosley	
STREET ADDRESS 6025 SHILOH RD STE A		1.3 STREET ADDRESS 101 Sun Avenue, NE	
CITY-ST-ZIP ALPHARETTA GA 30005		1.4 CITY-ST-ZIP Albuquerque, NM 87109	
TITLE S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REES, PHILP M		2.2 NAME Michael T. Berg	
STREET ADDRESS 6000 LAKE FOREST DR., STE 200		2.3 STREET ADDRESS 101 Sun Avenue, NE	
CITY-ST-ZIP ATLANTA GA 30328		2.4 CITY-ST-ZIP Albuquerque, NM 87109	
TITLE CD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROGOON, CHRIS		3.2 NAME Matthew G. Patrick	
STREET ADDRESS 600 LAKE FOREST DR, STE 200		3.3 STREET ADDRESS 101 Sun Avenue, NE	
CITY-ST-ZIP ATLANTA GA 30328		3.4 CITY-ST-ZIP Albuquerque, NM 87109	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LANE, EDWARD E		4.2 NAME Mark G. Wimer	
STREET ADDRESS 6000 LAKE FOREST DR., STE 200		4.3 STREET ADDRESS 101 Sun Avenue, NE	
CITY-ST-ZIP ATLANTA FL 30328		4.4 CITY-ST-ZIP Albuquerque, NM 87109	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TUCKER, DARRELL C		5.2 NAME Robert D. Woltil	
STREET ADDRESS 6000 LAKE FORREST DR., STE 200		5.3 STREET ADDRESS 101 Sun Avenue, NE	
CITY-ST-ZIP ATLANTA FL 30328		5.4 CITY-ST-ZIP Albuquerque, NM 87109	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ DATE: **8/4/99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 505-821-3355
Date Daytime Phone #

CR2E034 (5/99)