

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 # **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 30023-2070
US

101 Sun Avenue, NE
Albuquerque, NM 87109

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

08-17-1999 90006 023 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/1990

4. FEI Number

22-3046484

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 101 Sun Avenue, NE

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 87109

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM
1200 SOUTH PIONEER 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 **PT** ☒ DELETE

NAME **FOX, DONALD F**
STREET ADDRESS **6025 SHILOH RD STE A**
CITY-ST-ZIP **ALPHARETTA GA 30005**

1.1 TITLE **President** ☒ Change ☐ Addition

1.2 NAME **James E. Hosley**
1.3 STREET ADDRESS **101 Sun Avenue, NE**
1.4 CITY-ST-ZIP **Albuquerque, NM 87109**

TITLE **S** ☒ DELETE

NAME **REES, PHILP M**
STREET ADDRESS **6000 LAKE FOREST DR., STE 200**
CITY-ST-ZIP **ATLANTA GA 30328**

2.1 TITLE **Secretary** ☒ Change ☐ Addition

2.2 NAME **Michael T. Berg**
2.3 STREET ADDRESS **101 Sun Avenue, NE**
2.4 CITY-ST-ZIP **Albuquerque, NM 87109**

TITLE **CD** ☒ DELETE

NAME **BROGOON, CHRIS**
STREET ADDRESS **600 LAKE FOREST DR, STE 200**
CITY-ST-ZIP **ATLANTA GA 30328**

3.1 TITLE **Treasurer** ☐ Change ☒ Addition

3.2 NAME **Matthew G. Patrick**
3.3 STREET ADDRESS **101 Sun Avenue, NE**
3.4 CITY-ST-ZIP **Albuquerque, NM 87109**

TITLE **D** ☒ DELETE

NAME **LANE, EDWARD E**
STREET ADDRESS **6000 LAKE FOREST DR., STE 200**
CITY-ST-ZIP **ATLANTA FL 30328**

4.1 TITLE **Director** ☒ Change ☐ Addition

4.2 NAME **Mark G. Wimer**
4.3 STREET ADDRESS **101 Sun Avenue, NE**
4.4 CITY-ST-ZIP **Albuquerque, NM 87109**

TITLE **D** ☒ DELETE

NAME **TUCKER, DARRELL C**
STREET ADDRESS **6000 LAKE FORREST DR., STE 200**
CITY-ST-ZIP **ATLANTA FL 30328**

5.1 TITLE **Director** ☐ Change ☐ Addition

5.2 NAME **Robert D. Woltel**
5.3 STREET ADDRESS **101 Sun Avenue, NE**
5.4 CITY-ST-ZIP **Albuquerque, NM 87109**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Katherine Harris SECRETARY

8/4/99

505-821-3355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)