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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 9:56

DOCUMENT # P39686 (1)

1. Corporation Name
SUNDANCE REHABILITATION CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
SUN HEALTHCARE GROUP, INC., C/O SUNDANCE 7770 JEFFERSON ST., NE. SUITE 200 ALBUQUERQUE NM 87109 US	SUN HEALTHCARE GROUP, INC., C/O SUNDANCE 7770 JEFFERSON ST., NE. SUITE 200 ALBUQUERQUE NM 87109 US

3. Date Incorporated or Qualified: 07/14/1992
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 06-1310410 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE 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	VPD	1.1 TITLE	Same	☒ Change ☐ Addition
NAME	TURNER, ANDREW	1.2 NAME	L	
STREET ADDRESS	5600 WYOMING BLVD NE, STE 140	1.3 STREET ADDRESS	5131 Masthead Street NE	
CITY-ST-ZIP	ALBUQUERQUE NM	1.4 CITY-ST-ZIP	Albuquerque, NM 87109	
TITLE	P	2.1 TITLE	Same	☒ Change ☐ Addition
NAME	LEVIN, ROBERT	2.2 NAME	L	
STREET ADDRESS	5600 WYOMING BLVD NE, STE 140	2.3 STREET ADDRESS	5131 Masthead Street NE	
CITY-ST-ZIP	ALBUQUERQUE NM	2.4 CITY-ST-ZIP		
TITLE	T	3.1 TITLE	Same	☒ Change ☐ Addition
NAME	BROUSSARD, BRUCE	3.2 NAME	L	
STREET ADDRESS	5600 WYOMING BLVD NE, STE 140	3.3 STREET ADDRESS	5131 Masthead Street NE	
CITY-ST-ZIP	ALBUQUERQUE NM	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE	S	☒ Change ☐ Addition
NAME	THORPE, SHEENA	4.2 NAME	Nikki Mann	
STREET ADDRESS	5600 WYOMING BLVD NE	4.3 STREET ADDRESS	5131 Masthead Street NE	
CITY-ST-ZIP	ALBUQUERQUE NM	4.4 CITY-ST-ZIP	Albuquerque NM 87109	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Nikki J. Mann Nikki J. Mann 3-30-95 (505) 856-2432
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0491344 FN