FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P39686** (1)

1. Corporation Name
SUNDANCE REHABILITATION CORPORATION

Principal Place of Business	Mailing Address
101 SUN LANE ALBUQUERQUE MN 87109 US	LEGAL DEPT. 101 SUN LANE ALBUROUERQUE NM 87109-4373 US

3. Date Incorporated or Qualified: 07/14/1992
3a. Date of Last Report: 03/06/1996

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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~~ ☐ DELETE		1.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	TURNER, ANDREW		1.2 NAME		
STREET ADDRESS	101 SUN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE NM		1.4 CITY-ST-ZIP		
TITLE	P ☐ DELETE		2.1 TITLE		☐ Change ☐ Addition
NAME	KNIESS, DAVID C.		2.2 NAME		
STREET ADDRESS	15851 DALLAS PKWY #240		2.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		2.4 CITY-ST-ZIP		
TITLE	~~VPT~~ ☐ DELETE		3.1 TITLE	V.P.	☒ Change ☐ Addition
NAME	WARRICK, WILLIAM C.		3.2 NAME		
STREET ADDRESS	101 SUN LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE MN		3.4 CITY-ST-ZIP		
TITLE	S ☐ DELETE		4.1 TITLE		☐ Change ☐ Addition
NAME	MANN, NIKKI		4.2 NAME		
STREET ADDRESS	101 SUN LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE NM		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE		5.1 TITLE	Director	☐ Change ☒ Addition
NAME			5.2 NAME	Robert A. Levin	
STREET ADDRESS			5.3 STREET ADDRESS	101 Sun Lane NE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Albuquerque, NM 87109	
TITLE	☐ DELETE		6.1 TITLE	Director	☐ Change ☒ Addition
NAME			6.2 NAME	Robert D. Watt	
STREET ADDRESS			6.3 STREET ADDRESS	101 Sun Lane NE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Albuquerque, NM 87109	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 719.07(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 REQUIRED 1-13-97 505-821-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #