

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
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
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DOCUMENT # **P39686** (1)

1. Corporation Name
SUNDANCE REHABILITATION CORPORATION

Principal Place of Business 101 SUN LANE ALBUQUERQUE MN 87109 US	Mailing Address LEGAL DEPT. 101 SUN LANE ALBUQUERQUE NM 87109-4373 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 07/14/1992	3a. Date of Last Report 03/06/1996
		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	

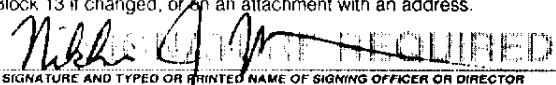
9. Name and Address of Current Registered Agent THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 KNISS, 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. Lott	
STREET ADDRESS		6.3 STREET ADDRESS 101 Sun Lane NE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Albuquerque, Nm 87109	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97 505-821-3355
Date Daytime Phone #

CR2E034 (9/96)