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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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<br>ALBUQUERQUE MN 87109<br>US | LEGAL DEPT.<br>101 SUN LANE<br>ALBUROUERQUE NM 87109<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/14/1992

2. Principal Place of Business
21: 101 Sun Avenue NE
22: Suite, Apt. #, etc
23: City & State: Albuquerque NM
24: Zip: 87109 25: Country: USA

2a. Mailing Address
26: 101 Sun Avenue NE
27: Suite, Apt. #, etc: Legal Dept.
28: City & State: Albuquerque NM
29: Zip: 87109 30: Country: USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>TURNER, ANDREW<br>101 SUN LANE<br>ALBUQUERQUE NM | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | AS<br>Michael T. Berg<br>101 Sun Avenue NE<br>Albuquerque NM 87109 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>KNIESS, DAVID C.<br>15851 DALLAS PKWY #240<br>DALLAS TX | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>WARRICK, WILLIAM C.<br>101 SUN LANE<br>ALBUQUERQUE MN | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | 101 Sun Avenue NE<br>Albuquerque NM 87109 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>MANN, NIKKI<br>101 SUN LANE<br>ALBUQUERQUE NM | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Mann, Nikki J.<br>101 Sun Avenue NE<br>Albuquerque NM 87109 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LEVIN, ROBERT A<br>101 SUNLANE NE<br>ALBUQUERQUE NM | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | 101 Sun Avenue NE<br>Albuquerque NM 87109 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | VP T<br>McInker, Warren H.<br>101 Sun Avenue NE<br>Albuquerque NM 87109 | ☐ Change ☒ Addition |

CR2E034 (10/97)

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:** Michael Berg Michael T. Berg Assistant Secretary 2.4.98 505/821.3355