


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P39686 1. Entity Name SUNDANCE REHABILITATION CORPORATION	
---	---

Principal Place of Business 101 SUN AVE NE ALBUQUERQUE, NM 87109 US	Mailing Address 101 SUN AVE NE LEGAL DEPT ALBUQUERQUE, NM 87109 US
---	---



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1310410	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
--

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000125807
04/23/04-80007-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MICHAEL T BERG 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GREGG, TRACY 803 CAMERON ST ALEXANDRIA, VA 22314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREGG, TRACY 803 CAMERON ST ALEXANDRIA, VA 22314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GILMORE, JEFFREY 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROSEMAN, STEVEN A 101 SUN AVE NE ALBUQUERQUE, NM 87109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT HAYES, CRAIG 101 SUN AVE NE ALBUQUERQUE, NM 87109

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Michael T. Berg 4/9/04 (505) 821-3355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #