2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P39686

FILED Apr 19, 2006 Secretary of State

Entity Name: SUNDANCE REHABILITATION CORPORATION

Current P	rincipal Place of Business:	New Principal Place of Business:
101 SUN A ALBUQUE	AVE NE ERQUE, NM 87109 US	
Current Mailing Address:		New Mailing Address:
101 SUN A LEGAL DE ALBURQU		101 SUN AVE NE LEGAL DEPT ALBUQUERQUE, NM 87109 US
FEI Number	: 06-1310410 FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:
2731 EXEG SUITE 4 WESTON The above	e of Florida.	e purpose of changing its registered office or registered agent, or both,
SIGNATUI	Electronic Signature of Registered A	gent Date
Election Ca	mpaign Financing Trust Fund Contribution ().	3
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	S () Delete MICHAEL T BERG, 101 SUN AVE NE ALBUQUERQUE, NM 87109	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	P () Delete GREGG, TRACY 803 CAMERON ST ALEXANDRIA, VA 22314	Title: PD (X) Change () Addition Name: GREGG, TRACY Address: 803 CAMERON ST City-St-Zip: ALEXANDRIA, VA 22314
Title: Name: Address: City-St-Zip:	D () Delete GREGG, TRACY 803 CAMERON ST ALEXANDRIA, VA 22314	Title: D (X) Change () Addition Name: SHAUL, BRYAN Address: 101 SUN AVE NE City-St-Zip: ALBUQUERQUE, NM 87109
Title: Name: Address: City-St-Zip:	CFO () Delete BUTLER, JENNIFER 101 SUN AVE NE ALBUQUERQUE, NM 87109	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D () Delete SHAUL, BRYAN 101 SUN AVE NE ALBUQUERQUE, NM 87109	Title: VP (X) Change () Addition Name: NEWMAN, MICHAEL Address: 101 SUN AVE NE City-St-Zip: ALBUQUERQUE, NM 87109
Title: Name: Address:	AT () Delete HAYES, CRAIG 101 SUN AVE NE	Title: T (X) Change () Addition Name: POLGARDY, MICHAEL Address: 101 SUN AVE NE

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. BERG S 04/19/2006