2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address 101 SUN AVE NE

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

ALBURQUERQUE NM 87109

LEGAL DEPT

P39686 **DOCUMENT #**

1. Entity Name

101 SUN AVE NE ALBUQUERQUE NM 87109

Principal Place of Business

2. Principal Place of Business

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

SUNDANCE REHABILITATION CORPORATION

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.



FILED Apr 22, 2003 8:00 am Secretary of State

04-22-2003 90120 001 *2,400.00

	☐ CHECK HERE IF MAKING CHANGES			
	4. FEI Number 06-1310410	FEI Number 06_1210410		Applied For
	00-1310410			Not Applicable
/	5. Certificate of Status Desired		\$8.75 Fee Requ	Additional uired
7. Name and Address of New Registered Agent				
Name		_		
Street Address (P.O. Box Number is Not Acceptable)				

DATE

City Zip Code 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

Country

(NOTE: Registered Agent signature required when reinstating)

the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change ☐ Addition TITLE Delete TITLE MICHAEL T BERG NAME NAME 101 SUN AVE NE STREET ADDRESS STREET ADDRESS **ALBUQUERQUE NM 87109** CITY-ST-7IP CITY-ST-ZIP Director Addition Change TITLE ☐ Delete TITLE Tracy Gregg NAME GREGG, TRACY NAME 803 Cameron St. STREET ADDRESS 803 CAMERON ST STREET ADDRESS ALEXANDRIA VA 22314 CITY-ST-ZIP CITY-ST-ZIP lexandria, VA Vice President Steven A. Moseman 101 Sun Ave NE TITLE Delete TITLE Change Addition NAME WARREN SCHELLING, WARREN NAME STREET ADDRESS 101 SUN AVE NE STREET ADDRESS CITY-ST-ZIP **ALBUQUERQUE NM 87109** CITY-ST-7IP flb<u>uquerqu</u> TITLE AS ☐ Delete TITLE Change ☐ Addition GILMORE, JEFFREY NAME NAME 101 SUN AVE NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ALBUQUERQUE NM 87109** CITY-ST-ZIP Assistant Treasurer Addition ☐ Change TITLE TITLE WIMER, MARK G D. Craig Hayes NAME NAME 101 SUN AVE NE STREET ADDRESS Sun Ave NE STREET ADDRESS **ALBUQUERQUE NM 87109** CITY-ST-ZIP CITY-ST-ZIP **VPT** TITLE Delete TITLE Change Addition PATRICK, MATTHEW G NAME NAME 101 SUN AVE NE STREET ADDRESS STREET ADDRESS **ALBUQUERQUE NM 87109** CITY-ST-7IP CITY-ST-7/P

12. 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 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 a property of the exemption stated in Section 119.07(3)(i), 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 a property of the exemption stated in Section 119.07(3)(i).

sign*azil*