

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000062014

FILED
Apr 19, 2006
Secretary of State

Entity Name: SUNSCRIPT MEDICAL SERVICES, INC.

Current Principal Place of Business:

101 SUN AVE NE
ALBUQUERQUE, NM 87109 US

New Principal Place of Business:

Current Mailing Address:

101 SUN AVE NE
ALBUQUERQUE, NM 87109 US

New Mailing Address:

FEI Number: 59-3199708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOTTER, JENNIFER
Address: 101 SUN AVE NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: S () Delete
Name: BERG, MICHAEL T
Address: 101 SUN AVENUE NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: AT () Delete
Name: HAYES, CRAIG D
Address: 101 SUN AVE NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: POLGARDY, MICHAEL
Address: 101 SUN AVE NE
City-St-Zip: ALBUQUERQUE, NM 87109

Title: VP () Change (X) Addition
Name: NEWMAN, MICHAEL
Address: 101 SUN AVE. NE
City-St-Zip: ALBUQUERQUE, NM 87109

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

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04/19/2006

Electronic Signature of Signing Officer or Director

Date