

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Jan 27 1997 8:00am
Secretary of State

DOCUMENT # P96000011272 (7)

1. Corporation Name

SUNRISE HEALTHCARE OF FLORIDA, INC.

Principal Place of Business

1919 LAKELAND HILLS BLVD.
LAKELAND FL 33805

Mailing Address

5131 MASTHEAD NE
ALBUQUERQUE NM 87109-4367

3. Date Incorporated or Qualified

02/05/1996

3a. Date of Last Report

~~02/05/1996~~

4. FEI Number

74-2782684

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

2. Principal Place of Business

21 101 Sun Lane, NE

Suite, Apt. #, etc.

22

City & State

23 Albuquerque, Nm

Zip

24 87109

Country

25 USA

2a. Mailing Address

26 Legal Dept.

Suite, Apt. #, etc.

27 101 Sun Lane, NE

City & State

28 Albuquerque

Zip

29 Nm

Country

30 USA

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETENAME Dale Zulauf
STREET ADDRESS 8400 E. Prentice Ave. #1025
CITY-ST-ZIP Englewood, CO 80111TITLE Treasurer ☐ DELETENAME Warren McInteer
STREET ADDRESS 101 Sun Lane, NE
CITY-ST-ZIP Albuquerque, Nm 87109TITLE Secretary ☐ DELETENAME Nikki J. Mann
STREET ADDRESS 101 Sun Lane NE
CITY-ST-ZIP Albuquerque, Nm 87109TITLE V.P. & Controller ☐ DELETENAME William C. Warrick
STREET ADDRESS 101 Sun Lane NE
CITY-ST-ZIP Albuquerque, Nm 87109TITLE Director ☐ DELETENAME Mark G. Wimer
STREET ADDRESS 565 W Myrtle #240
CITY-ST-ZIP Boise, ID 83702TITLE Director ☐ DELETENAME Robert O. Whitl
STREET ADDRESS 101 Sun Lane NE
CITY-ST-ZIP Albuquerque, Nm 87109

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97

505-821-3355

Date

Daytime Phone #

0900637

CR2E034 (9/96)