

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

FILED
Feb 11 1998 8:00am
Secretary of State

| | | |
|---|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # P96000011272 (7)

1. Corporation Name
SUNRISE HEALTHCARE OF FLORIDA, INC.

Principal Place of Business

101 SUN LANE, N.E.
ALBUQUERQUE NM 87109

Mailing Address

% LEGAL DEPT.
101 SUN LANE, N.E.
ALBUQUERQUE NM 87109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1996

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 101 Sun Avenue NE Suite, Apt. #, etc. | 26 101 Sun Avenue NE Suite, Apt. #, etc. |
| 22 City & State | 27 Legal Dept. City & State |
| 23 Albuquerque NM Zip Country | 28 Albuquerque NM Zip Country |
| 24 87109 25 USA | 29 87109 30 USA |

4. FEI Number
74-2782684

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|--|
| TITLE | P | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZULEUF, DALE | 1.2 NAME | zuleuf, Dale |
| STREET ADDRESS | 8400 E. PRENTICE AVENUE, #1025 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ENGLEWOOD CO 80111 | 1.4 CITY-ST-ZIP | |
| TITLE | T | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCINTEER, WARREN | 2.2 NAME | |
| STREET ADDRESS | 101 SUN LANE, N.E. | 2.3 STREET ADDRESS | 101 Sun Avenue NE |
| CITY-ST-ZIP | ALBUQUERQUE NM 87109 | 2.4 CITY-ST-ZIP | Albuquerque NM 87109 |
| TITLE | S | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANN, NIKKI J | 3.2 NAME | |
| STREET ADDRESS | 101 SUN LANE, N.E. | 3.3 STREET ADDRESS | 101 Sun Avenue NE |
| CITY-ST-ZIP | ALBUQUERQUE NM 87109 | 3.4 CITY-ST-ZIP | Albuquerque NM 87109 |
| TITLE | VPC | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WARRICK, WILLIAM C | 4.2 NAME | AS Michael T. Berg |
| STREET ADDRESS | 101 SUN LANE, N.E. | 4.3 STREET ADDRESS | 101 Sun Avenue NE |
| CITY-ST-ZIP | ALBUQUERQUE NM 87109 | 4.4 CITY-ST-ZIP | Albuquerque NM 87109 |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WIMER, MARK G | 5.2 NAME | |
| STREET ADDRESS | 565 W. MYRTLE, #240 | 5.3 STREET ADDRESS | 101 Sun Avenue NE |
| CITY-ST-ZIP | BOISE ID 83702 | 5.4 CITY-ST-ZIP | Albuquerque NM 87109 |
| TITLE | D | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WRITIL, ROBERT O | 6.2 NAME | Woitil, Robert D. |
| STREET ADDRESS | 101 SUN LANE, N.E. | 6.3 STREET ADDRESS | 101 Sun Avenue NE |
| CITY-ST-ZIP | ALBUQUERQUE NM 87109 | 6.4 CITY-ST-ZIP | Albuquerque NM 87109 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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:

Michael T. Berg

Michael T. Berg
Assistant Secretary 2-4-98 505/821-3355

CR2E034 (10/97)