

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011272

1. Entity Name  
SUNBRIDGE HEALTHCARE OF FLORIDA, INC.

**FILED**  
**May 05, 2001 8:00 am**  
**Secretary of State**  
05-05-2001 90191 001 \*1,800.00

Principal Place of Business Mailing Address  
101 SUN AVE NE 101 SUN AVE NE  
ALBUQUERQUE NM 87109 LEGAL DEPT  
US ALBUQUERQUE NM 87109  
US

42087



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 74-2782684 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL 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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	<del>ZAMPINI, ALAN J</del>	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	TV	<input type="checkbox"/> Delete
NAME	PATRICK, MATTHEW G	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	S	<input type="checkbox"/> Delete
NAME	BERG, MICHAEL T	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	AS	<input type="checkbox"/> Delete
NAME	<del>MICHAEL T BERG</del>	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIMER, MARK G	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLTEL, ROBERT D	
STREET ADDRESS	101 SUN AVE NE	
CITY-ST-ZIP	ALBUQUERQUE NM 87109	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph P. Turmes	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jeffrey C. Gilmore	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Michael T. Berg Michael T. Berg 4.9.01 505.821-3355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)