PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000076216

SUN NEUROCARE, INC.

Principal Place of Bu	sines	S
2400 HARBOR BLVD	STE.	20

Mailing Address

FILED Mar 09, 1999 8:00 am Secretary of State 03-09-1999 90108 015 ***150.00



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Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State 28 City & State 29 Country 2p Country 2p Country 39 Personal Property Tax. 9 cm Added to F Personal Property
City & State City & Country Zip Country B. This corporation owes the current year intangible Personal Property Tax. yes Personal Prope
Trust Fund Contribution Added to F Zip Country Zip Country 8. This corporation were the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROSS, WARREN R 223 TAYLOR ST. PUNTA GORDA FL 33950 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 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 regist general agent accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE 12.
Zip Country Zip Country Zip Country 30
3. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent ROSS, WARREN R 223 TAYLOR ST. PUNTA GORDA FL 33950 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Cod 85 Zip Cod 86 City FL 85 Zip Cod 87 Jin Registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registared agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 88 Signature. Signature. Signature. Signature. Signature in the purpose of Change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 88 Signature. Signature. Signature. Signature. Signature in the purpose of Change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 89 Signature. Signature. Signature in the purpose of Change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 80 Signature. Signature. Signature in the purpose of Change was authorized by the corporation's board of directors. I hereby accept the appointment as regist agent. I am familiar with, and accept the appointment as regist agent. I am familiar with and accept the appointment as regist agent. I am familiar with and accept the appointment as regist agent. I am familiar with and accept the appointment as regist agent. I am familiar with and accept the appointment as regist agent. I am familiar with and accept the appointment as regist agent. I am familiar with and accept the appointment as regist agent. I am familiar with and accept the appointment as r
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14. 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 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 off an attachment with an address, with all other like empowered.

SIGNATURE: