

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

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90202 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S10504**  
 1. Corporation Name  
**THE ATRIUM NURSING HOME, INC.**

Principal Place of Business % SUN HEALTHCARE GROUP. - LEGAL DEPT. 101 SUN AVE. N.E. ALBUQUERQUE NM 87109	Mailing Address % SUN HEALTHCARE GROUP. - LEGAL DEPT. 101 SUN AVE. N.E. ALBUQUERQUE NM 87109
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>11/02/1990</b>	
4. FEI Number <b>59-3050853</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEMS  
 1200 SOUTH PINE ISLAND RD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<i>President</i>
NAME	BROGDEN, CHRIS	1.2 NAME	<i>Alan J. Zampini</i>
STREET ADDRESS	6000 LAKE FORREST DR. #200	1.3 STREET ADDRESS	<i>101 Sun Ave NE</i>
CITY-ST-ZIP	ATLANTA GA 30328	1.4 CITY-ST-ZIP	<i>Albuquerque Nm 87109</i>
TITLE	S	2.1 TITLE	<i>VP, CFO &amp; Director</i>
NAME	REES, PHIL	2.2 NAME	<i>Robert D. Wolt1</i>
STREET ADDRESS	6000 LAKE FORREST DR. #200	2.3 STREET ADDRESS	<i>101 Sun Ave NE</i>
CITY-ST-ZIP	ATLANTA GA 30328	2.4 CITY-ST-ZIP	<i>Albuquerque Nm 87109</i>
TITLE	VPD	3.1 TITLE	<i>VP + Treasurer</i>
NAME	LANE, EDWARD E	3.2 NAME	<i>Matthew G. Patrick</i>
STREET ADDRESS	6000 LAKE FORREST DR. #200	3.3 STREET ADDRESS	<i>101 Sun Ave NE</i>
CITY-ST-ZIP	ATLANTA GA 30328	3.4 CITY-ST-ZIP	<i>Albuquerque Nm 87109</i>
TITLE		4.1 TITLE	<i>Assistant Secretary</i>
NAME		4.2 NAME	<i>Michael T. Berg</i>
STREET ADDRESS		4.3 STREET ADDRESS	<i>101 Sun Avenue NE</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>Albuquerque Nm 87109</i>
TITLE		5.1 TITLE	<i>Director</i>
NAME		5.2 NAME	<i>M. Scott Athans</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>101 Sun Avenue NE</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>Albuquerque Nm 87109</i>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input checked="" type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Berg* 1.11.99 505/821.3355  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)