

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90141 001 *1,800.00

DOCUMENT # S10504

1. Entity Name

THE ATRIUM NURSING HOME, INC.

Principal Place of Business

Mailing Address

SUN HEALTHCARE GROUP. - LEGAL DEPT.
101 SUN AVE. N.E.
ALBUQUERQUE NM 87109% SUN HEALTHCARE GROUP. - LEGAL DEPT.
101 SUN AVE. N.E.
ALBUQUERQUE NM 87109-4373

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

59-3050853

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	ZAMPINI, ALAN J	101 SUN AVE NE	ALBUQUERQUE NM 87109	<input type="checkbox"/>
VPCD	WOLTIL, ROBERT D	101 SUN AVE NE	ALBUQUERQUE NM 87109	<input type="checkbox"/>
VPT	PATRICK, MATHEW G	101 SUN AVE NE	ALBUQUERQUE NM 87109	<input type="checkbox"/>
AS	BERG, MICHAEL T	101 SUN AVE NE	ALBUQUERQUE NM 87109	<input type="checkbox"/>
D	ATHANS, SCOTT A	101 SUN AVE NE	ALBUQUERQUE NM 87109	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Secretary				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Mark G. Wimer	101 Sun Avenue NE	Albuquerque, NM 87109	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-00

Daytime Phone #

505-821-3355