



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90914**  
2. Name of Corporation **SunCare Respiratory Services, Inc.**  
3. Street Address Principal Business Office  
**101 Sun Ave NE**  
4. Business Phone No. **(505) 821-3355**  
5. State of Incorporation **INDIANA**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Respiratory Services**

City **Albuquerque** State **NM** Zip **87109**  
6. SIC Code **9886**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Warren C. Schelling**  
Street Address **101 Sun Ave NE**  
City **Albuquerque** State **NM** Zip **87109**  
Secretary Name **Michael T. Berg**  
Street Address **101 Sun Ave NE**  
City **Albuquerque** State **NM** Zip **87109**

Vice President Name **Robert K. Schneider**  
Street Address **101 Sun Ave NE**  
City **Albuquerque** State **NM** Zip **87109**  
Treasurer Name **Robert K. Schneider**  
Street Address **101 Sun Ave NE**  
City **Albuquerque** State **NM** Zip **87109**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Warren C. Schelling**  
Street Address **101 Sun Ave NE**  
City **Albuquerque** State **NM** Zip **87109**

Director Name **Wallace E. Boston, Jr.**  
Street Address **101 Sun Ave NE**  
City **Albuquerque** State **NM** Zip **87109**

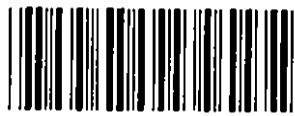
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000 SHS COMM NO PAR VAL		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<del>1</del> 1	Common	<del>1</del>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 9 1 4 \*

File Date: 4-26-02  
Check No.: 0595614  
By: Mc

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Michael T. Berg Date 2/28/02  
Print or Type Name of Officer Michael T. Berg  
Title of Officer Secretary



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90914** 2. Name of Corporation **SunCare Respiratory Services, Inc.**

3. Street Address Principal Business Office **101 Sun Avenue NE** City **Albuquerque** State **NM** Zip **87109**  
4. Business Phone No. **505-821-3355** 5. State of Incorporation **INDIANA** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Respiratory Therapy Services**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <b>Tom Futch</b> Street Address <b>106 E. College Avenue</b> City <b>Tallahassee</b> State <b>FL</b> Zip <b>32301</b>	Vice President Name <b>Robert Woltzi</b> Street Address <b>101 Sun Avenue, NE</b> City <b>Albuquerque</b> State <b>NM</b> Zip <b>87109</b>
Secretary Name <b>Michael Berg</b> Street Address <b>101 Sun Avenue NE</b> City <b>Albuquerque</b> State <b>NM</b> Zip <b>87109</b>	Treasurer Name <b>Matthew Patrick</b> Street Address <b>101 Sun Avenue NE</b> City <b>Albuquerque</b> State <b>NM</b> Zip <b>87109</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <b>Robert Woltzi</b> Street Address <b>101 Sun Avenue NE</b> City <b>Albuquerque</b> State <b>NM</b> Zip <b>87109</b>	Director Name <b>Mark Wimer</b> Street Address <b>101 Sun Avenue NE</b> City <b>Albuquerque</b> State <b>NM</b> Zip <b>87109</b>
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10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>1,000 SHS</b>	<b>COMM NO PAR VAL</b>	

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>1</b>	<b>Common none</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 9 1 4 \*

File Date: **FILED**

Check No.: **FEB 05 2001**

By: **Michael Berg**  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Michael Berg** Date **1-19-01**

Print or Type Name of Officer **Michael Berg**

Title of Officer **Secretary**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90914** 2. Name of Corporation **SunCare Respiratory Services, Inc.**  
3. Street Address Principal Business Office **101 Sun Avenue, NE** City **Albuquerque** State **NM** Zip **87109**  
4. Business Phone No. **505-821-3355** 5. State of Incorporation **INDIANA** 6. SIC Code **9886**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**respiratory therapy services**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>President Name</b> Tom R. Futch Street Address 106 E. College Avenue City Tallahassee State FL Zip 32301	<b>Vice President Name</b> Robert D. Woltil Street Address 101 Sun Avenue, NE City Albuquerque State NM Zip 87109
<b>Secretary Name</b> Michael T. Berg Street Address 101 Sun Avenue, NE City Albuquerque State NM Zip 87109	<b>Treasurer Name</b> Matthew G. Patrick Street Address 101 Sun Avenue, NE City Albuquerque State NM Zip 87109

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>Director Name</b> Robert D. Woltil Street Address 101 Sun Avenue, NE City Albuquerque State NM Zip 87109	<b>Director Name</b> Mark G. Wimer Street Address 101 Sun Avenue, NE City Albuquerque State NM Zip 87109
<b>Director Name</b>  Street Address  City  State  Zip	<b>Director Name</b>  Street Address  City  State  Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

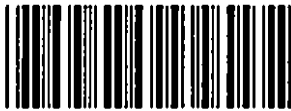
AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS COMM NO PAR VAL**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,000 Common none**

FILED  
 FEB 15 2000  
 10:31 AM  
 90914

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**FILED**

File Date: **FEB 15 2000**  
Check No.: **By CE 300020343**  
By: \_\_\_\_\_

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Michael T. Berg** Date **2-3-00**  
Print or Type Name of Officer **Michael T. Berg**  
Title of Officer **Secretary**

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. **Company ID No.** 90914  
2. **Name of Corporation** SunCare Respiratory Services, Inc.  
3. **Street Address Principal Business Office**  
101 Sun Avenue, NE  
City: Albuquerque State: New Mexico Zip: 87109  
4. **Business Phone No.** 505-821-3355  
5. **State of Incorporation** INDIANA  
6. **SIC Code** 8886

7. **Brief Description of the Character of Business Conducted in Rhode Island**  
respiratory therapy services

8. **NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>President Name</b> Tom R. Futch Street Address 106 E. College Avenue City: Tallahassee State: Florida Zip: 32301	<b>Vice President Name</b> Robert D. Woltil Street Address 101 Sun Avenue, NE City: Albuquerque State: New Mexico Zip: 87109
<b>Secretary Name</b> Nikki J. Mann Street Address 101 Sun Avenue, NE City: Albuquerque State: New Mexico Zip: 87109	<b>Treasurer Name</b> Matthew G. Patrick Street Address 101 Sun Avenue, NE City: Albuquerque State: New Mexico Zip: 87109

9. **NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>Director Name</b> Robert A. Levin Street Address 101 Sun Avenue, NE City: Albuquerque State: New Mexico Zip: 87109	<b>Director Name</b> Robert D. Woltil Street Address 101 Sun Avenue, NE City: Albuquerque State: New Mexico Zip: 87109
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10. **SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**  
AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 SHS COMM NO PAR VAL

11. **SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**  
ISSUED SHARES  
Number of Shares Class/Series Par Value  
1 Common no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Feb 11, 1999  
Check No.: 1277511  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  
Signature of Officer: [Signature] Date: 1-20-99  
Michael T. Berg  
Assistant Secretary  
Title of Officer

# *Low Cost Respiratory Services*

## ADVANTAGE HEALTH SERVICES, INC. OFFICERS AND DIRECTORS

<u>Position</u>	<u>Name</u>	<u>Address</u>	<u>Term</u>
President	Michael Slice	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Vice President and CFO	Robert D. Woltil	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Vice President	Mark Bloom	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Vice President and Controller	William C. Warrick	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Vice President and Treasurer	Matthew G. Patrick	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Assistant Treasurer	D. Craig Hayes	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Secretary	Nikki J. Mann	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Assistant Secretary	Michael T. Berg	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Assistant Secretary	Jeffrey C. Gilmore	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Director	Mark G. Wimer	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Director	Robert D. Woltil	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90914** 2. Name of Corporation **SunCare Respiratory Services, Inc.**

3. Street Address Principal Business Office  
101 Sun Avenue NE City Albuquerque State NM Zip 87109  
4. Business Phone No. (505) 821-3355 5. State of Incorporation **INDIANA** 6. SIC Code 9886

7. Brief Description of the Character of Business Conducted in Rhode Island  
Provides respiratory therapy services

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) X

President Name Tom R. Futch Street Address 106 E. College Avenue City Tallahassee State FL Zip 32301	Vice President Name William C. Warrick Street Address 101 Sun Avenue NE City Albuquerque State NM Zip 87109
Secretary Name Nikki J. Mann Street Address 101 Sun Avenue NE City Albuquerque State NM Zip 87109	Treasurer Name Warren H. McInteer Street Address 101 Sun Avenue, NE City Albuquerque State NM Zip 87109

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name Robert A. Levin Street Address 101 Sun Avenue NE City Albuquerque State NM Zip 87109	Director Name  Street Address  City State Zip
Director Name Robert D. Woltil Street Address 101 Sun Avenue NE City Albuquerque State NM Zip 87109	Director Name  Street Address  City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS	COMM	NO PAR VAL

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 9 1 4 \*

File Date: 1-30-98  
Check No.: 78645  
By: MP

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Michael T. Berg Date: January 12, 1998  
Print or Type Name of Officer: Michael T. Berg  
Title of Officer: Assistant Secretary

SUNCARE RESPIRATORY SERVICES, INC.

OFFICERS & DIRECTORS

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Term</u>
President & CEO	Tom R. Futch	106 E. College Avenue Tallahassee, FL 32301	Until successor is duly elected and qualified
Chairman of the Board & Sr.VP	Robert A. Levin	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Senior VP & CFO	Robert D. Woltil	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
VP & Treasurer	Warren H. McInteer	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Assistant Treasurer	D. Craig Hayes	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Vice President	Andrew L. Turner	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
VP & Controller	William C. Warrick	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Secretary	Nikki J. Mann	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Assistant Sec.	Michael T. Berg	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Director	Robert A. Levin	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified
Director	Robert D. Woltil	101 Sun Avenue NE Albuquerque, NM 87109	Until successor is duly elected and qualified



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90914** 2. Name of Corporation **GOLDEN CARE, INC.**  
3. Street Address Principal Business Office **101 Sun Lane, N.E.** City **Albuquerque** State **NM** Zip **87109**  
4. Business Phone No. **505-821-3355** 5. State of Incorporation **INDIANA** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island

*Respiratory therapy services*

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>Tom R. Futch</b> Street Address <b>2431 Directors Row, Suite G</b> City <b>Indianapolis</b> State <b>IN</b> Zip <b>46241</b>	Vice President Name <b>William C. Warrick</b> Street Address <b>101 Sun Lane, N.E.</b> City <b>Albuquerque</b> State <b>NM</b> Zip <b>87109</b>
Secretary Name <b>Nikki J. Mann</b> Street Address <b>101 Sun Lane, NE</b> City <b>Albuquerque</b> State <b>NM</b> Zip <b>87109</b>	Treasurer Name <b>Warren McInteer</b> Street Address <b>101 Sun Lane, N.E.</b> City <b>Albuquerque</b> State <b>NM</b> Zip <b>87109</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>Robert A. Levin</b> Street Address <b>101 Sun Lane, N.E.</b> City <b>Albuquerque</b> State <b>NM</b> Zip <b>87109</b>	Director Name  Street Address  City State Zip
Director Name <b>Robert D. Walti</b> Street Address <b>101 Sun Lane, N.E.</b> City <b>Albuquerque</b> State <b>NM</b> Zip <b>87109</b>	Director Name  Street Address  City State Zip

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS COMM NO PAR VAL</b>			<b>1</b>	<b>Common</b>	<b>-0-</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2-3-97  
Check No.: 456497  
By: ICP

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Nikki J. Mann* 1-14-97  
Signature of Officer Date  
**Nikki J. Mann**  
Print or Type Name of Officer  
**Secretary**  
Title of Officer