No. <b>C 159918</b>		Due no later than Apr 30, 2008			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		NATIONAL REGISTERED AGENTS 1423 TYRELL LN BOISE ID 83706  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SUNDANCE REHABILITATION AGENCY, INC.  MICHAEL T. BERG  101 SUN AVE NE  ALBUQUERQUE NM 87109						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Preside	ent, Secretary, and Directors. Treas	surer (	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
DIRECTOR TREASURER PRESIDENT DIRECTOR SECRETARY	SUSAN GWY MICHAEL MC SUSAN GWY BRYAN SHAI MICHAEL T.	ONTEVIDEO /N JL	155 FEDERAL ST. SUITE 1100 101 SUN AVE. NE 155 FEDERAL ST. SUITE 1100 101 SUN AVE. NE 101 SUN AVE. NE		BOSTON ALBUQUERQUE BOSTON ALBUQUERQUE ALBUQUERQUE	MA NM MA NM NM	USA USA USA USA USA	02110 87109 02110 87109 87109
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE		Signature: Michael		Date: 02/22/2008				
C 159918		Name (type or print): Michael			Title: Berg			
Processed 02/22/2008		* Electronically provided	signatures are accepted as origina	al sign	atures.			