

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

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**May 29 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Morthem**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000005662 (1)**

1. Corporation Name:  
**QUANTUM DISEASE MANAGEMENT, INC.**



Principal Place of Business: **310 EAST 96TH STREET SUITE 300 INDIANAPOLIS IN 46240 US**  
 Mailing Address: **310 EAST 96TH STREET SUITE 300 INDIANAPOLIS IN 46240-3732 US**

3. Date Incorporated or Qualified: **11/01/1994**  
 3a. Date of Last Report: **05/02/1996**  
 4. FEI Number: **35-1933383**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
 2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET, SUITE 105**  
**TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City  
 FL B5 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>CCEO</b>	<b>STICKNEY, DOUGLAS H</b> <del>DELETE</del>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>STICKNEY, DOUGLAS H</b>		1.2 NAME	
STREET ADDRESS: <b>310 EAST 96TH STREET</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>INDIANAPOLIS IN 46240</b>		1.4 CITY-ST-ZIP	
TITLE: <b>VP</b>	<b>ELLIS, MICHAEL</b> <del>DELETE</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ELLIS, MICHAEL</b>		2.2 NAME	
STREET ADDRESS: <b>310 EAST 96TH STREET</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>INDIANAPOLIS IN 46240</b>		2.4 CITY-ST-ZIP	
TITLE: <b>D</b>	<b>ERRA, ROBERT J</b> <del>DELETE</del>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ERRA, ROBERT J</b>		3.2 NAME	
STREET ADDRESS: <b>608 2ND AVE. SOUTH</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP: <b>MINNEAPOLIS MN 55402</b>		3.4 CITY-ST-ZIP	
TITLE: <b>D</b>	<b>EPSTEIN, STEVEN B</b> <del>DELETE</del>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>EPSTEIN, STEVEN B</b>		4.2 NAME	
STREET ADDRESS: <b>1227 25TH ST. NW</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP: <b>WASHINGTON DC 20037-1156</b>		4.4 CITY-ST-ZIP	
TITLE: <b>S</b>	<b>MCILWRATH, JOHN C</b> <del>DELETE</del>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MCILWRATH, JOHN C</b>		5.2 NAME	
STREET ADDRESS: <b>310 EAST 96TH STREET</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP: <b>INDIANAPOLIS IN 46240</b>		5.4 CITY-ST-ZIP	
TITLE: <b>T</b>	<b>COLEMAN, KEITH T</b> <del>DELETE</del>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>COLEMAN, KEITH T</b>		6.2 NAME	
STREET ADDRESS: <b>310 EAST 96TH STREET</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP: <b>INDIANAPOLIS IN 46240</b>		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Lynn A. ...* 4/07/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

QUANTUM DISEASE MANAGEMENT INC

Board of Directors

Robert A. Fusco  
Thomas Boelsen

OFFICERS

Robert A. Fusco

President and Chairman

Thomas Boelsen

Sr. Vice President - Finance  
and Chief Financial Officer

Michael Ellis

Sr. Vice President - Sales  
and Marketing

Thomas J. Frosheiser

Assistant Treasurer

William C. Reed

Sr. Vice President -  
Operations and Chief  
Information Officer

William P. Costantini

Sr. Vice President, General  
Counsel and Assistant  
Secretary

Laurin L. Laderoute, Jr.

Vice President, Assistant  
Secretary and Assistant  
General Counsel

Nancy F. Lanis

Vice President, Assistant  
Secretary and Assistant  
General Counsel

Ruth Dixon

Assistant Secretary

Richard Zimmer

Assistant Secretary

All offices - DIRECTOR  
175 Broad Hollow Road  
Melville, L.I. 11747