

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

**FILED**

**May 28 1998 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # F94000005662 (1)**

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



DO NOT WRITE IN THIS SPACE

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  
US**

3. Date Incorporated or Qualified  
**11/01/1994**

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 **175 BROAD HOLLOW ROAD  
MELVILLE, NY 11747-8905**  
23 City & State  
24 Zip Country  
**SOFFOLK**

2a. Mailing Address  
26 Suite  
27 **175 BROAD HOLLOW ROAD  
MELVILLE, NY 11747-8905**  
28 City & State  
29 Zip Country  
**SOFFOLK**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	FUSCO, ROBERT A	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MUVICCK LI	
TITLE	SVPF	<input type="checkbox"/> DELETE
NAME	BOELSEN, THOMAS	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MUVICCK LI	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ELLIS, MICHAEL	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MUVICCK LI	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	FROSHEISER, THOMAS J	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MUVICCK L.	
TITLE	SVPO	<input type="checkbox"/> DELETE
NAME	REED, WILLIAM C	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MUVICCK L.	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	COSTANTINI, WILLIAM P	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MUVICCK L.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

600002541076  
-05/29/98--01084--006  
\*\*\*150.00

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.

SIGNATURE: *Laurin L. Laneroux Jr* LAURIN L. LANEROUX JR 4/22/98

CR2E034 (10/97)