

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90113 022 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F94000005662**

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



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 175 BROAD HOLLOW RD. 175 BROAD HOLLOW RD.  
 MELVILLE NY 11747-8905 MELVILLE NY 11747-8905  
 US US

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified  
**11/01/1994**  
 4. FEI Number Applied For  
**35-1933383** 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 the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.**  
**4435 OLD WINTER GARDEN RD.**  
**ORLANDO FL 32802**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 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 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 checked="" type="checkbox"/> DELETE |
| NAME                       | ELLIS, MICHAEL        |  |
| STREET ADDRESS             | 175 BROAD HOLLOW RD   |  |
| CITY-ST-ZIP                | MUVICCK LI            |  |
| TITLE                      | AT                    | <input checked="" type="checkbox"/> DELETE |
| NAME                       | FROSHEISER, THOMAS J  |  |
| STREET ADDRESS             | 175 BROAD HOLLOW RD   |  |
| CITY-ST-ZIP                | MUVICCK L.            |  |
| TITLE                      | SVPO                  | <input checked="" 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   | SVP                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME  | John J. Collura     |  |
| 3.3 STREET ADDRESS                                    | 175 Broad Hollow Rd |  |
| 3.4 CITY-ST-ZIP                                       | MELVILLE NY         |  |
| 4.1 TITLE   | VP                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME  | Nancy F. Louis      |  |
| 4.3 STREET ADDRESS                                    | 175 Broad Hollow Rd |  |
| 4.4 CITY-ST-ZIP                                       | MELVILLE NY         |  |
| 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                                       |                     |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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, with a other like empowered.

SIGNATURE: *Laurin L. Ladercode JR* LAURIN L. LADERCODE JR 4/20/99 516-849-7266  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 V.P.

CR2E034 (1/98)