FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000003194 (7)**

1. Corporation Name
STUART DISEASE MANAGEMENT SERVICES INC.

Principal Place of Business	Mailing Address
1800 CONCORD PIKE WILMINGTON DE 19897	1800 CONCORD PIKE WILMINGTON DE 19897

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/17/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **51-0300645** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	President & Director	☐ Change ☒ Addition
NAME	KENNEDY, ROBERT T	1.2 NAME	Jack G. Duncan	
STREET ADDRESS	1800 CONCORD PIKE	1.3 STREET ADDRESS	12711 Centerville Rd., Suite 110	
CITY-ST-ZIP	WILMINGTON DE 19897	1.4 CITY-ST-ZIP	Wilmington, DE 19808	
TITLE	VD	2.1 TITLE	Treasurer & Director	☐ Change ☒ Addition
NAME	DAVIES, GREGORY A	2.2 NAME	Robert T. Kennedy	
STREET ADDRESS	1800 CONCORD PIKE	2.3 STREET ADDRESS	1800 Concord Pike	
CITY-ST-ZIP	WILMINGTON DE 19897	2.4 CITY-ST-ZIP	Wilmington, DE 19897	
TITLE	SD	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	BOOTH-BARBARIN, ANN V	3.2 NAME		
STREET ADDRESS	1800 CONCORD PIKE	3.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE 19897	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE	Vice President & Assist.	☒ Change ☐ Addition
NAME	ENGELMANN, GLENN M	4.2 NAME	Secretaryand Director	
STREET ADDRESS	1800 CONCORD PIKE	4.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE 19897	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	Director	☐ Change ☐ Addition
NAME		5.2 NAME	Robert C. Black	
STREET ADDRESS		5.3 STREET ADDRESS	1800 Concord Pike, Wilmington, DE 19897	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ (302) 886-3091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Ann V. Booth-Barbarin Secretary

0474300 FP