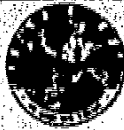


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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

**1800 CONCORD PIKE
WILMINGTON DE 19897**

Mailing Address

**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

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

51-0300645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 100.032,
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KENNEDY, ROBERT T
STREET ADDRESS	1800 CONCORD PIKE
CITY- ST- ZIP	WILMINGTON DE 19897
TITLE	VD
NAME	DAVIES, GREGORY A
STREET ADDRESS	1800 CONCORD PIKE
CITY- ST- ZIP	WILMINGTON DE 19897
TITLE	SD
NAME	BOOTH-BARBARIN, ANN V
STREET ADDRESS	1800 CONCORD PIKE
CITY- ST- ZIP	WILMINGTON DE 19897
TITLE	AS
NAME	ENGELMANN, GLENN M
STREET ADDRESS	1800 CONCORD PIKE
CITY- ST- ZIP	WILMINGTON DE 19897
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & Director	☐ Change ☒ Addition
1.2 NAME	Jack G. Duncan	
1.3 STREET ADDRESS	12711 Centerville Rd., Suite 110	
1.4 CITY- ST- ZIP	Wilmington, DE 19808	
2.1 TITLE	Treasurer & Director	☐ Change ☒ Addition
2.2 NAME	Robert T. Kennedy	
2.3 STREET ADDRESS	1800 Concord Pike	
2.4 CITY- ST- ZIP	Wilmington, DE 19897	
3.1 TITLE	Secretary	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	Vice President & Assist.	☒ Change ☐ Addition
4.2 NAME	Secretary and Director	
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	Director	☐ Change ☐ Addition
5.2 NAME	Robert C. Black	
5.3 STREET ADDRESS	1800 Concord Pike, Wilmington, DE 19897	
5.4 CITY- ST- ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 110.07(3)(k), 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 the attachment with an address.

SIGNATURE:

Ann V. Booth-Barbarin

Ann V. Booth-Barbarin Secretary

(302) 886-3091

Date

Daytime Phone #