

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

**FILED**

**Feb 12 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F94000003194 (7)**

1. Corporation Name

**STUART DISEASE MANAGEMENT SERVICES INC.**

Principal Place of Business

**12711 CENTERVILLE RD  
SUITE 110  
WILMINGTON DE 19808**

Mailing Address

**12711 CENTERVILLE RD  
SUITE 110  
WILMINGTON DE 19808**



3. Date Incorporated or Qualified

**06/17/1994**

3a. Date of Last Report

**04/28/1996**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

**21 2711 Centerville Road**

2a. Mailing Address

**26 2711 Centerville Road**

Suite, Apt. #, etc.  
**22 Suite 100**

Suite, Apt. #, etc.  
**27 Suite 100**

City & State

**23 Wilmington, DE**

City & State

**28 Wilmington, DE**

Zip

**24 19850**

Country

**25 USA**

Zip

**29 19850**

Country

**30 USA**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **DUNCAN, JACK G.**  
STREET ADDRESS **12711 CENTERVILLE ROAD, STE 110**  
CITY - ST - ZIP **WILMINGTON DE 19808**

TITLE **TD** ☐ DELETE

NAME **KENNEDY, ROBERT T.**  
STREET ADDRESS **1800 CONCORD PIKE**  
CITY - ST - ZIP **WILMINGTON DE 19850**

TITLE **S** ☐ DELETE

NAME **BOOTH-BARBARIN, ANN V**  
STREET ADDRESS **1800 CONCORD PIKE**  
CITY - ST - ZIP **WILMINGTON DE 19850**

TITLE **VPAD** ☐ DELETE

NAME **ENGELMANN, GLENN M**  
STREET ADDRESS **1800 CONCORD PIKE**  
CITY - ST - ZIP **WILMINGTON DE 19850**

TITLE **D** ☐ DELETE

NAME **BLACK, ROBERT C.**  
STREET ADDRESS **1800 CONCORD PIKE**  
CITY - ST - ZIP **WILMINGTON DE 19850**

TITLE **AT** ☐ DELETE

NAME **BRAZZO, JOHN P**  
STREET ADDRESS **1800 CONCORD PIKE**  
CITY - ST - ZIP **WILMINGTON DE 19850**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**VAD**

**Glenn M. Engelmann  
1800 Concord Pike  
Wilmington, DE 19850**

**CD**

**Robert C. Black  
1800 Concord Pike  
Wilmington, DE 19850**

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:** *ANN V BOOTH-BARBARIN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

01/21/97

302-886-3091

Date

Daytime Phone #

CR2E034 (9/96)