

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003194 (7)**

1. Corporation Name

STUART DISEASE MANAGEMENT SERVICES INC.

Principal Place of Business

**2711 CENTERVILLE ROAD
SUITE 100
WILMINGTON DE 19850
US**

Mailing Address

**2711 CENTERVILLE ROAD
SUITE 100
WILMINGTON DE 19850
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1994

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

2. Principal Place of Business

21 2711 Centerville Road

Suite, Apt. #, etc

22 Little Falls Ctr II, Ste 100

City & State

23 Wilmington, DE

Zip

24 19808

Country

25 USA

2a. Mailing Address

26 2711 Centerville Road

Suite, Apt. #, etc **Little Falls**

Center II, Suite 100

City & State

28 Wilmington, DE

Zip

29 19808

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. SEE ATTACHED LIST OF OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUNCAN, JACK G.	
STREET ADDRESS	12711 CENTERVILLE ROAD, STE 110	
CITY-ST-ZIP	WILMINGTON DE 19808	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KENNEDY, ROBERT T.	
STREET ADDRESS	1800 CONCORD PIKE	
CITY-ST-ZIP	WILMINGTON DE 19850	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BOOTH-BARBARIN, ANN V	
STREET ADDRESS	1800 CONCORD PIKE	
CITY-ST-ZIP	WILMINGTON DE 19850	

TITLE	VAD	<input type="checkbox"/> DELETE
NAME	ENGELMANN, GLENN M	
STREET ADDRESS	1800 CONCORD PIKE	
CITY-ST-ZIP	WILMINGTON DE	

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BLACK, ROBERT C.	
STREET ADDRESS	1800 CONCORD PIKE	
CITY-ST-ZIP	WILMINGTON DE	

TITLE	AT	<input type="checkbox"/> 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

☒ Change ☐ Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	2711 Centerville Road, Little Falls
1.4 CITY-ST-ZIP	Center II, Suite 100, Wilm., DE 19808

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	Wilmington, DE	
4.4 CITY-ST-ZIP	19850	

5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	Wilmington, DE	
5.4 CITY-ST-ZIP	19850	

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 119.07(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, SECRETARY 3/19/98 (302) 886-3091

CP2E034 (1097)

STUART DISEASE MANAGEMENT SERVICES INC.

As of 1/26/98

DIRECTORS

<u>Name</u>	<u>Mailing Address</u>
Robert C. Black, Chairman	1800 Concord Pike Wilmington, DE 19850
Glenn M. Engelmann	1800 Concord Pike Wilmington, DE 19850
Robert T. Kennedy	1800 Concord Pike Wilmington, DE 19850
Jack G. Duncan	Little Falls Center II, Suite 100 2711 Centerville Road Wilmington, DE 19808
Terry L. Herbein	Little Falls Center II, Suite 100 2711 Centerville Road Wilmington, DE 19808

OFFICERS

<u>Title</u>	<u>Name</u>	<u>Mailing Address</u>
President	Jack G. Duncan	Little Falls Center, Suite 100 2711 Centerville Road Wilmington, DE 19808
Vice President & Assistant Secretary	Glenn M. Engelmann	1800 Concord Pike Wilmington, DE 19850
Treasurer	Robert T. Kennedy	1800 Concord Pike Wilmington, DE 19850
Assistant Treasurer	John P. Brazzo	1800 Concord Pike Wilmington, DE 19850
Assistant Treasurer	Gregory A. Davies	1800 Concord Pike Wilmington, DE 19850
Secretary	Ann V. Booth-Barbarin	1800 Concord Pike Wilmington, DE 19850