

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90022 026 ***150.00

DOCUMENT # F94000003194

1. Corporation Name

STUART DISEASE MANAGEMENT SERVICES INC.



Principal Place of Business

Mailing Address

2711 CENTERVILLE ROAD
LITTLE FALLS CENTER II STE 100
WILMINGTON DE 19808
US

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LITTLE FALLS CENTER II STE 100
WILMINGTON DE 19808
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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **DUNCAN, JACK G.**
STREET ADDRESS **2711 CENTERVILLE RD STE 100**
CITY-ST-ZIP **WILMINGTON DE 19808**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE **P** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE **VT** ☐ Change ☒ Addition
5.2 NAME **GREGORY A. DAVIES**
5.3 STREET ADDRESS **1800 CONCORD PIKE**
5.4 CITY-ST-ZIP **WILMINGTON, DE 19850**

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **Booth-Barbarin, Secretary 03/25/99 302-886-3091**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

F94000003194
26794390022.26

STUART DISEASE MANAGEMENT SERVICES, INC.

As of 03/25/99

DIRECTORS

<u>Name</u>	<u>Mailing Address</u>
Glenn M. Engelmann	1800 Concord Pike Wilmington, DE 19850
John G. Goddard	1800 Concord Pike Wilmington, DE 19850
Ann V. Booth-Barbarin	1800 Concord Pike Wilmington, DE 19850
Gregory A. Davies	1800 Concord Pike Wilmington, DE 19850

OFFICERS

<u>Title</u>	<u>Name</u>	<u>Mailing Address</u>
President	Glenn M. Engelmann	1800 Concord Pike Wilmington, DE 19850
Vice President and Treasurer	Gregory A. Davies	1800 Concord Pike Wilmington, DE 19850
Assistant Treasurer	John P. Brazzo	1800 Concord Pike Wilmington, DE 19850
Secretary	Ann V. Booth-Barbarin	1800 Concord Pike Wilmington, DE 19850