

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 28 1998 8:00am
Secretary of State

DOCUMENT # F94000005662 (1)

1. Corporation Name

QUANTUM DISEASE MANAGEMENT, INC.



Principal Place of Business

310 EAST 96TH STREET
SUITE 300
INDIANAPOLIS IN 46240
US

Mailing Address

310 EAST 96TH STREET
SUITE 300
INDIANAPOLIS IN 46240
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 175 BROAD HOLLOW ROAD
23 MELVILLE, NY 11747-8905

City & State

23

Zip

Country

24

Country

25 SUFFOLK

2a. Mailing Address

26

Suite 175 BROAD HOLLOW ROAD
27 MELVILLE, NY 11747-8905

27

City & State

28

Zip

Country

29

30 SUFFOLK

4. FEI Number

35-1933383

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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 fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE

NAME FUSCO, ROBERT A
STREET ADDRESS 175 BROAD HOLLOW RD
CITY-ST-ZIP MUVICCK LI

TITLE SVPF ☐ DELETE

NAME BOELSEN, THOMAS
STREET ADDRESS 175 BROAD HOLLOW ROAD
CITY-ST-ZIP MUVICCK LI

TITLE SVP ☐ DELETE

NAME ELLIS, MICHAEL
STREET ADDRESS 175 BROAD HOLLOW RD
CITY-ST-ZIP MUVICCK LI

TITLE AT ☐ DELETE

NAME FROSHEISER, THOMAS J
STREET ADDRESS 175 BROAD HOLLOW RD
CITY-ST-ZIP MUVICCK L.

TITLE SVPO ☐ DELETE

NAME REED, WILLIAM C
STREET ADDRESS 175 BROAD HOLLOW RD
CITY-ST-ZIP MUVICCK L.

TITLE SVP ☐ DELETE

NAME COSTANTINI, WILLIAM P
STREET ADDRESS 175 BROAD HOLLOW RD
CITY-ST-ZIP MUVICCK L.

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002541076

-05/29/98--01084--006

***150.00

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

LAURIN L. LAKEROSE JR

4/22/98

CR2E034 (10/97)