

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90098 036 ***150.00

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1. Corporation Name

QUANTUM DISEASE MANAGEMENT, INC.

Principal Place of Business

175 BROAD HOLLOW RD.
MELVILLE NY 11747-8905
US

Mailing Address

175 BROAD HOLLOW RD.
MELVILLE NY 11747-8905
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1994

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

9. Name and Address of Current Registered Agent

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
4435 OLD WINTER GARDEN RD.
ORLANDO FL 32802

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 **PC** ☐ DELETE

NAME **FUSCO, ROBERT A**
STREET ADDRESS **175 BROAD HOLLOW RD**
CITY-ST-ZIP **MUWICK L**

TITLE **SVPF** ☐ DELETE

NAME **BOELSEN, THOMAS**
STREET ADDRESS **175 BROAD HOLLOW ROAD**
CITY-ST-ZIP **MUWICK L**

TITLE **SVP** ☒ DELETE

NAME **ELLIS, MICHAEL**
STREET ADDRESS **175 BROAD HOLLOW RD**
CITY-ST-ZIP **MUWICK L**

TITLE **AT** ☒ DELETE

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

TITLE **SVPO** ☒ DELETE

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

TITLE **SVP** ☐ DELETE

NAME **COSTANTINI, WILLIAM P**
STREET ADDRESS **175 BROAD HOLLOW RD**
CITY-ST-ZIP **MUWICK 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

SVP
John J. Callura
175 BROAD Hollow Rd
MELVILLE NY

VP
Nancy F. Louis
175 Broad Hollow Rd
MELVILLE NY

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1