

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

DOCUMENT # **F94000005662**

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

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

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

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	PC	<input type="checkbox"/> DELETE
NAME	FUSCO, ROBERT A	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MUVICCK LI	
TITLE	SVPF	<input type="checkbox"/> DELETE
NAME	BOELSEN, THOMAS	
STREET ADDRESS	175 BROAD HOLLOW ROAD	
CITY-ST-ZIP	MUVICCK LI	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, MICHAEL	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MUVICCK LI	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	FROSHEISER, THOMAS J	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MUVICCK L.	
TITLE	SVPO	<input checked="" type="checkbox"/> DELETE
NAME	REED, WILLIAM C	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MUVICCK L.	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	COSTANTINI, WILLIAM P	
STREET ADDRESS	175 BROAD HOLLOW RD	
CITY-ST-ZIP	MUVICCK L.	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	SVP John J. Callurg
3.3 STREET ADDRESS	175 Broad Hollow Rd
3.4 CITY-ST-ZIP	MELVILLE NY
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP Nancy F. Louis
4.3 STREET ADDRESS	175 Broad Hollow Rd
4.4 CITY-ST-ZIP	MELVILLE NY
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten Signature] 4/15/00 V.P. [Handwritten Signature]