

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90187 029 \*\*\*150.00

**DOCUMENT # F94000005662**

1. Entity 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

00035572



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3 *Huntington Quadrangle*  
 Suite, Apt. #, etc.  
 2 *So.*

3. Mailing Address

3 *Huntington Quadrangle*  
 Suite, Apt. #, etc.  
 2 *So.*

City & State

*Melville, NY*

Zip

*11747*

Country

*USA*

City & State

*Melville, NY*

Zip

*11747*

Country

*USA*

4. FEI Number

**35-1933383**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC FUSCO, ROBERT A 175 BROAD HOLLOW RD MUVICCK LI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPF BOELSEN, THOMAS 175 BROAD HOLLOW ROAD MUVICCK LI	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP COLLURGO, JOHN J 175 BROAD HOLLOW RD MELVILLE NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONIS, NANCY F 175 BROAD HOLLOW RD MUVICCK L.	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP COSTANTINI, WILLIAM P 175 BROAD HOLLOW RD MUVICCK L.	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Edward A. Blechschmidt 3 Huntington Quadrangle, 2 So. Melville, NY 11747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP Ronald A. Malone same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO, Treas., D John J. Collura same as above	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, Gen. Counsel Patricia C. Ma same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treas John Potapchuk same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secy. Ruth Schwartz same as above	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 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

*John J. Collura*  
 CFO. + Treas

Date

*4/5/01*

Daytime Phone #

*631-501-7000*

Attachment

Doc. # F94000005662  
50035572

**QUANTUM DISEASE MANAGEMENT, INC.**  
(Indiana)

**Directors**

Edward A. Blechschmidt  
John J. Collura

**Officers**

Edward A. Blechschmidt  
John J. Collura

Ronald A. Malone  
Patricia C. Ma

John Potapchuk  
Ruth Schwartz

President  
Treasurer and Chief Financial  
Officer  
Executive Vice President  
Secretary and General  
Counsel  
Assistant Treasurer  
Assistant Secretary