

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000545 (1)**

1. Corporation Name
EQMD, INC.

Principal Place of Business
**2171 SANDY DRIVE
STATE COLLEGE PA 16803**

Mailing Address
**2171 SANDY DRIVE
STATE COLLEGE PA 16803**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/31/1996	
21		26		4. FEI Number 25-1668112	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		Country			
24		29		30	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLKITT, DOUGLAS R MD	1.2 NAME	
STREET ADDRESS	2171 SANDY DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	STATE COLLEGE PA 16803	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLKITT, DOUGLAS R MD	2.2 NAME	
STREET ADDRESS	2171 SANDY DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	STATE COLLEGE PA 16803	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLKITT, MARCY L	3.2 NAME	
STREET ADDRESS	176 TIMBER SPRINGS ESTATE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIANA PA	3.4 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKETT, DANIEL L	4.2 NAME	
STREET ADDRESS	2171 SANDY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	STATE COLLEGE PA 16803	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DERDEL, JEROME D MD	5.2 NAME	
STREET ADDRESS	2171 SANDY DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STATE COLLEGE PA 16803	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

 **Colkitt, Douglas R MD** 2171 Sandy Drive State College PA 16803 814-238-0375

CR2E034 (10/97)