

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am  
Secretary of State

05-05-2001 90713 001 \*\*\*\*\*8.75  
05-05-2001 90713 002 \*\*\*150.00

DOCUMENT # P00000091478

1. Entity Name  
FLORIDA/LANCASTER MEDICAL EQUITY INVESTORS CORPO

Principal Place of Business  
3801 PGA BOULEVARD, SUITE 510  
PALM BEACH GARDENS FL 33410

Mailing Address  
3801 PGA BOULEVARD, SUITE 510  
PALM BEACH GARDENS FL 33410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3399 PGA Boulevard Suite, Apt. #, etc. Suite 240 City & State Palm Beach Gardens, FL Zip 33410 Country Palm Beach		3. Mailing Address 3399 PGA Boulevard Suite, Apt. #, etc. Suite 240 City & State Palm Beach Gardens, FL Zip 33410 Country Palm Beach	
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4. FEI Number 65-1061391	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
HAMBY, LOUIS L III  
321 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480

7. Name and Address of New Registered Agent  
Name  
James V. Galgano  
Street Address (P.O. Box Number is Not Acceptable)  
3399 PGA Boulevard, Suite 240  
City  
Palm Beach Gardens FL Zip Code  
33410

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 JAMES V. GALGANO 4/2/01  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	P MALCOLM S. SINA 3399 PGA Boulevard, Suite 240 Palm Beach Gardens, FL 33410	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	VP LAURENCE A. DUCAT 3399 PGA Boulevard, Suite 240 Palm Beach Gardens, FL 33410	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	S/T JAMES V. GALGANO 3399 PGA Boulevard, Suite 240 Palm Beach Gardens, FL 33410	
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input 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: JAMES V. GALGANO 4/2/01 561-691 9900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)