

2002 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 21, 2002 8:00 am
Secretary of State

04-08-2002 90241 023 ***150.00

DOCUMENT # P01000041873

1. Entity Name
BARTLETT MEDICAL EQUITY CORPORATION

Principal Place of Business
**3801 PGA BLVD SUITE 555
 PALM BEACH GARDENS FL 33410**

Mailing Address
**3801 PGA BLVD SUITE 555
 PALM BEACH GARDENS FL 33410**



3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410

3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1100275** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGSERV CORP.
 3801 PGA BLVD SUITE 555
 PALM BEACH GARDENS FL 33410**

**REGSERV CORP.
 3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410**

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 _____

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	D <input type="checkbox"/> Delete RENDINA, BRUCE A 3801 PGA BLVD SUITE 600 PALM BEACH GARDENS FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	D/P/CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rendina, Bruce A. 3801 PGA Boulevard, Suite 600 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DiSalvo, Patrick J. 3801 PGA Boulevard, Suite 600 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Juran, Lawrence B. 3801 PGA Boulevard, Suite 600 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Strachan, David M. 3801 PGA Boulevard, Suite 600 Palm Beach Gardens, FL 33410
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CFR004 (9/01)

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: _____

REQUIRED Patrick J. DiSalvo, VP/S

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/29/02**

561-630-5055