

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000041873

FILED  
Feb 18, 2004  
Secretary of State

Entity Name: BARTLETT MEDICAL EQUITY CORPORATION

**Current Principal Place of Business:**

3801 PGA BLVD SUITE 600  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

3801 PGA BLVD SUITE 600  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

FEI Number: 65-1100275      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGSERV CORP.  
3801 PGA BLVD SUITE 600  
PALM BEACH GARDENS, FL 33410

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPC ( ) Delete  
Name: RENDINA, BRUCE A  
Address: 3801 PGA BLVD SUITE 600  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPS ( ) Delete  
Name: DISALVO, PATRICK J  
Address: 3801 PGA BLVD SUITE 600  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VPAS ( ) Delete  
Name: JURAN, LAWRENCE B  
Address: 3801 PGA BLVD SUITE 600  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP ( ) Delete  
Name: STRACHAN, DAVID M  
Address: 3801 PGA BLVD SUITE 600  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICK J. DISALVO

VP

02/18/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date