

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26507

1. Corporation Name

MDIP-1, INC.

Principal Place of Business

Mailing Address

300001840533

-05/28/96--01028--017

***200.00

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 C/D CT COMPANY		26 C/D CT COMPANY		10/19/1989	04/27/95
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22 1209 ORANGE STREET		27 1209 ORANGE STREET		22-3024886	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 WILMINGTON, DE		28 WILMINGTON, DE		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24 19801		29 19801		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Country		Country			
25 USA		30 USA			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SURPIN, JD	
STREET ADDRESS	ONE MEDIC PLAZA	
CITY-ST-ZIP	PENNSAUKEN, NJ 08110	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHLOSS, EUGENE M. JR.	
STREET ADDRESS	ONE MEDIC PLAZA	
CITY-ST-ZIP	PENNSAUKEN, NJ 08110	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LAWLOR, MARK	
STREET ADDRESS	ONE MEDIC PLAZA	
CITY-ST-ZIP	PENNSAUKEN, NJ 08110	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	EINHORN, ALAN S.	
STREET ADDRESS	ONE MEDIC PLAZA	
CITY-ST-ZIP	PENNSAUKEN, NJ 08110	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	FEDER, STEVEN	
STREET ADDRESS	ONE MEDIC PLAZA	
CITY-ST-ZIP	PENNSAUKEN, NJ 08110	
TITLE	CFO/V/D	<input type="checkbox"/> DELETE
NAME	SANDLER, MICHAEL F.	
STREET ADDRESS	ONE MEDIC PLAZA	
CITY-ST-ZIP	PENNSAUKEN, NJ 08110	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL F. SANDLER

Date

Daytime Phone #

4/26/96 (609) 665-9300