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FILED
Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P31445 (0)

1. Corporation Name
MDS OF NEW JERSEY, INC.



Principal Place of Business Mailing Address
11815 N PENNSYLVANIA STREET 11815 N PENNSYLVANIA STREET
P.O. BOX 1191 P.O. BOX 1191
CARMEL IN 46032 CARMEL IN 46032-8191

3. Date Incorporated or Qualified 08/28/1990 3a. Date of Last Report 04/12/1996
4. FEI Number 22-2898228 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CT CORPORATION 81 Name
1200 S. PINE ISLAND RD. 82 Street Address (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324 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 required; 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, ROBERT C	1.2 NAME	
STREET ADDRESS	11815 N. PENNSYLVANIA STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	CARMEL IN	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DC <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	HILBERT, STEPHEN C	2.2 NAME	
STREET ADDRESS	11815 NORTH PENNSYLVANIA STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	CARMEL IN 46032	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONGAWARE, DONALD F	3.2 NAME	
STREET ADDRESS	11815 NORTH PENNSYLVANIA STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	CARMEL IN 46032	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICK, ROLLIN M	4.2 NAME	
STREET ADDRESS	11815 NORTH PENNSYLVANIA STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	CARMEL IN 46032	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNEO, NGAIRE E	5.2 NAME	
STREET ADDRESS	745 5TH AVENUE SUITE 2700	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	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 do 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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)