

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
11815 N PENNSYLVANIA STREET
P.O. BOX 1191
CARMEL IN 46032

Mailing Address
11815 N PENNSYLVANIA STREET
P.O. BOX 1191
CARMEL IN 46032

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 301 Gibraltar Dr.		26 301 Gibraltar Dr.		08/28/1990	
22 2A		27 2A		4. FEI Number	
City & State		City & State		22-2898228	
23 Morris Plains NJ		28 Morris Plains NJ		Applied For	
Zip		Zip		Not Applicable	
24 07950		29 07950		5. Certificate of Status Desired	
Country USA		Country USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
25 Morris		30 Morris		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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, typed or 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	1.1 TITLE	President
NAME	LEONARD, ROBERT C	1.2 NAME	Donald Gongaware
STREET ADDRESS	11815 N. PENNSYLVANIA STREET	1.3 STREET ADDRESS	11825 N. Pennsylvania Ave
CITY-ST-ZIP	CARMEL IN	1.4 CITY-ST-ZIP	Carmel IN 46032
TITLE	DC	2.1 TITLE	Ex.VP & COO
NAME	HILBERT, STEPHEN C	2.2 NAME	Jonathan P. Gabriel
STREET ADDRESS	11815 NORTH PENNSYLVANIA STREET	2.3 STREET ADDRESS	301 Gibraltar Drive Suite 2A
CITY-ST-ZIP	CARMEL IN 46032	2.4 CITY-ST-ZIP	Morris Plains, NJ 07950
TITLE	D	3.1 TITLE	
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	4.1 TITLE	
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	5.1 TITLE	
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		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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

112 00 972 07/3/11

CR2E034 (10/97)