PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

P97000033238 DOCUMENT

1. Corporation Name

Principal Place of Business

SPECIALTY DISEASE MANAGEMENT SERVICES, INC.

Mailing Address

4237 Salisbury Road Suite 401

Jacksonville, FL 32217

4237 Salisbury Road Suite 401 Jacksonville, FL 32217

2. Principal Place of Business 2a. Making Address 7003 Catalonia Avenue 7003 Catalonia Avenue Suite, Apt. #, etc. Suite, Apt #, etc.

City & State Jacksonville, FL Country

32217 25 Duval 9. Name and Address of Current Registered Agent

Jacksonville, FL 32202

City & State Jacksonville, FL Country 29 32217 30 Duval FILED

99 FEB -3 AM 10: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

April 11, 1997 4. FELNümber

59-3443703

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Lax

10. Name and Address of New Registered Agent

81 82

GOLDSTEIN, FREDERIC S.
Street Address (P.O. Box Number is Not Acceptable)
7003 Catalonia Avenue

Jacksonville

Applied For

\$8,75 Addisonati

Fee Required

\$5,00 May Be

Added to Fees

Not Applicable

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above harmed corporation submits this statement for the purpose of changing its registered office or registered apont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent 1 am familiar with, and a cept the obligations of, Section 607 0505, Florida Statutes.

13.

83 84

SIGNATURE

12.

TITLE

NAM:

TITLE

OFFICERS AND DIRECTORS P/S/T/D GOLDSTEIN, Frederic S. 7003 Catalonia Avenue Jacksonville, FL 32217

PROM, STEPHEN G., ESQUIRE 50 N. Laura Street, Suite 3100

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP TITLE NAME

STREET ADDRESS CiTY-ST-ZiP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP

113011 11736 128891 1351RELLATIONESE 14 @ !Y-\$1-ZP [| DECETE 2 1 Tirlus 2.2 NAM 235780ELADOR 55 2.47 (0)-51.20 [| DELETE 3.1 1134 3.4 NAME 3.3.5 Fall (A008) 15

34 CHY-St Zi-4.17016 4.2 NAM

I - DECENE

LOUGHER

I DELETE

524,446 5 (S. E. TADLE) S 64 (10) 51 21

2/1/99 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[| Criange | [| Apiltoc 700002770077~-8 -02/10/99--01003--020 *****308.75

****308.75 [] Change [| Ad H-on

> []Adviso 1. (Orange

[Add 52 LiChaide

* A.I.:

14. Thereby certify that the information supplied with the filling does not go dify for the excitotion state in Indicated on this annual report or supplemental annual report is to a new larger and that in, say that the other than the description of the corporate of the receiver or transfer concerned to execute this region along the Chapter 697. Filled a Statutes, and that my make Block 12 or Block 13 if changed, or blink and attaching the with an indicess, with all other like empowers. I

SIGNATURE:

Frederic S Coldstein Provident (OOA) 201 0006

CR2E034

Specialty Disease Management Services, Inc.

7003 Catalonia Avenue Jacksonville, FL 32217

February 2, 1999

Via Federal Express
Florida Department of State
Division of Corporations
Reinstatement Section
409 E. Gaines Street
Tallahassee, FL 32399

Re: Specialty Disease Management Services, Inc. (the "Corporation") 1999 profit Corporation Annual Report ("Annual Report")

Dear Sir/Madam:

I recently learned that Specialty Disease Management Services, Inc. (the "Corporation") (Document Number P97000033238.) was administratively dissolved for failure to file an annual report. I immediately notified your office that the Corporation never received either a 1st or 2nd notice of filing an Annual Report form and to request information as to how to obtain a waiver of a reinstatement fee. Your office advised me that I would need to: (i) complete and forward to your office a 1999 For Profit Corporation Annual Report; (ii) write a letter explaining the circumstances and requesting a late filing and waiver of reinstatement fee; and (iii) submit a check for \$300.00 in payment of the required 1998-1999 Annual Report filing fee.

Because the mailing address and physical location of the Corporation changed shortly after its incorporation, annual report notices were never received by the Corporation. Accordingly, I am submitting the enclosed, completed 1999 For Profit Corporation Annual Report (which your representative sent to me at the Corporation's current address of 7003 Catalonia Avenue, Jacksonville, Florida 32217), together with a check in the amount of \$300.00 for the required filing fee, and requesting that the same be accepted as a late filing in lieu of dissolution, and that your office waive the reinstatement fee.

Thank you for your reconsideration in this matter.

President

Phone: 904-281-0006 Fax: 904-731-7095 specialtydisease@alltel.net