

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90108 045 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000016085

1. Corporation Name
MORRISTOWN MEDICAL EQUITY CORPORATION



Principal Place of Business
 222 Lakeview Avenue
 17th Floor
 West Palm Beach, FL
 33401

Mailing Address
 222 Lakeview Avenue
 17th Floor
 West Palm Beach, FL
 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/18/1998

4. FEI Number
05-0820884

5. Certificate of Status Desired Applied For
 Not Applicable
\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

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

9. Name and Address of Current Registered Agent

~~DASCO DEVELOPMENT CORPORATION
 3801 PGA BOULEVARD
 SUITE 1000
 PALM BEACH GARDENS FL 33410~~

10. Name and Address of New Registered Agent

81 Regserv Corp.
 82 222 Lakeview Avenue
 83 17th Floor
 84 West Palm Beach 33401

11. Pursuant to office or registered agent, I am

SIGNATURE *[Signature]*
 By: **Regserv Corp**

its registered the corporation's board of directors. I hereby accept the appointment as registered

Mark Nussbaum
 VP
 4-27-99

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	D P Bruce A. Rendina
STREET ADDRESS		1.3 STREET ADDRESS	222 Lakeview Ave., 17th Floor
CITY-ST-ZIP		1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	VP S T Patrick J. DiSalvo
STREET ADDRESS		2.3 STREET ADDRESS	222 Lakeview Ave, 17th Floor
CITY-ST-ZIP		2.4 CITY-ST-ZIP	West Palm Beach FL 33401
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	VP AS Lawrence B. Juran
STREET ADDRESS		3.3 STREET ADDRESS	222 Lakeview Ave, 17th Floor
CITY-ST-ZIP		3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	VP David M. Strachan
STREET ADDRESS		4.3 STREET ADDRESS	222 Lakeview Ave, 17th Floor
CITY-ST-ZIP		4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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, with all other like empowered.

SIGNATURE: *[Signature]* **Patrick J. DiSalvo** Vice President
 4-27-99 561-7655-9008

0329167
 CR2E034 (11/98)