

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90091 015 ***150.00

DOCUMENT # P98000016085

1. Entity Name
MORRISTOWN MEDICAL EQUITY CORPORATION

U S I S O U



DO NOT WRITE IN THIS SPACE

Principal Place of Business 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401	Mailing Address 222 LAKEVIEW AVE 17TH FL W PALM BCH FL 33401-6150
-----------------------------------------------------------------------------------	----------------------------------------------------------------------------

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
------------------------------------------------------------------------------	------------------------------------------------------------------	---------	---------

4. FEI Number 65-0820884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent

REGSERV CORP
222 LAKEVIEW AVE
17TH FL
W PALM BCH FL 33401

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above **Regserv Corp** is changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE By: 
Mark Nussbaum, Vice President

(NOTE: Registered Agent signature required when reinstating)

DATE **4/27/00**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	RENDINA, BRUCE A	
STREET ADDRESS	222 LAKEVIEW AVE 17TH FL	
CITY-ST-ZIP	W PALM BCH FL 33401	
TITLE	VPST	<input type="checkbox"/> Delete
NAME	DISALVO, PATRICK J	
STREET ADDRESS	222 LAKEVIEW AVE 17TH FL	
CITY-ST-ZIP	W PALM BCH FL 33401	
TITLE	VPAS	<input type="checkbox"/> Delete
NAME	JURAN, LAWRENCE B	
STREET ADDRESS	222 LAKEVIEW AVE 17TH FL	
CITY-ST-ZIP	W PALM BCH FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STRACHAN, DAVID M	
STREET ADDRESS	222 LAKEVIEW AVE 17TH FL	
CITY-ST-ZIP	W PALM BCH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. DiSalvo **4/27/00** **(561) 655-9008**
 Vice President Date Daytime Phone #

CR2E034 (9/99)