

**2000 UNIFORM BUSINESS REPORT (UBR)**

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

05-04-2000 90096 050 \*\*\*150.00

**DOCUMENT # P98000016860**  
 1. Entity Name  
**CHULA VISTA MEDICAL PLAZA EQUITY CORPORATION**

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

002004



DO NOT WRITE IN THIS SPACE

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

4. FEI Number      Applied For  
**65-0820892**      Not Applicable  
 5. Certificate of Status Desired      \$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: *[Signature]*      DATE **4/27/00**  
**Mark Nussbaum, Vice President**      (NOTE: Registered Agent signature required when reinstating)

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	VPS	<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		

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]*      Patrick J. DiSalvo      4/27/00 (501) 655-9008  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Vice President      Date      Daytime Phone #

CR2E034 (9/99)