

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065235

1. Entity Name

LAKE MEAD MEDICAL EQUITY CORPORATION

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90110 016 ***150.00

Principal Place of Business

Mailing Address

222 LAKEVIEW AVE
17TH FL
W PALM BCH FL 33401

222 LAKEVIEW AVE
17TH FL
W PALM BCH FL 33401-6150

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

65-0852946

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above Regserv Corp.

ing 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PCEO/D ☐ Delete
NAME RENDINA, BRUCE A
STREET ADDRESS 222 LAKEVIEW AVE 17TH FL
CITY-ST-ZIP W PALM BCH FL 33401

TITLE ☐ Change ☒ Addition
NAME David M. Strachan
STREET ADDRESS 222 Lakeview Ave, 17th FL
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE VPS ☐ Delete
NAME DISALVO, PATRICK J
STREET ADDRESS 222 LAKEVIEW AVE 17TH FL
CITY-ST-ZIP W PALM BCH FL 33401

TITLE ☒ Change ☐ Addition
NAME Rendina, Bruce A.
STREET ADDRESS 222 Lakeview Avenue, 17th Floor
CITY-ST-ZIP West Palm Beach, FL 33401

TITLE VPAS ☐ Delete
NAME JURAN, LAWRENCE B
STREET ADDRESS 222 LAKEVIEW AVE 17TH FL
CITY-ST-ZIP W PALM BCH FL 33401

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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
Vice President

4/27/00(541) 655-9008
Date Daytime Phone #

CR2E034 (9/99)