

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000065235**

1. Entity Name

LAKE MEAD MEDICAL EQUITY CORPORATION**FILED**
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90195 022 ***150.00

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**00015229**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410

Mailing Address

Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 334104. 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**REGSERV CORP.**
Gardens Corporate Center
3801 PGA Boulevard, Suite 555
Palm Beach Gardens, FL 33410**FL** Zip Code

8. The above

REGSERV CORP.

office or registered agent, or both, in the State of Florida.

SIGNATURE

By: *Lawrence J. Diamond*
Lawrence J. Diamond, Vice President**JAN 29 2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	<input type="checkbox"/> Delete
NAME	RENDINA, BRUCE A	
STREET ADDRESS	222 LAKEVIEW AVE 17TH FL	
CITY-ST-ZIP	W PALM BCH FL 33401	

TITLE	D P CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bruce A. Rendina	
STREET ADDRESS	Gardens Corporate Center	
CITY-ST-ZIP	3801 PGA Boulevard, Suite 555	
	Palm Beach Gardens, FL 33410	

TITLE	PCED	<input type="checkbox"/> Delete
NAME	RENDINA, BRUCE A	
STREET ADDRESS	222 LAKEVIEW AVE 17TH FL	
CITY-ST-ZIP	W PALM BCH FL 33401	

TITLE	VP S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick J. DiSalvo	
STREET ADDRESS	Gardens Corporate Center	
CITY-ST-ZIP	3801 PGA Boulevard, Suite 555	
	Palm Beach Gardens, FL 33410	

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	VPAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence B. Juran	
STREET ADDRESS	Gardens Corporate Center	
CITY-ST-ZIP	3801 PGA Blvd., Suite 555	
	Palm Beach Gardens, Florida 33410	

TITLE	V	<input type="checkbox"/> Delete
NAME	STRACHAN, DAVID M	
STREET ADDRESS	222 LAKEVIEW AVE 17TH FL	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David M. Strachan	
STREET ADDRESS	Gardens Corporate Center	
CITY-ST-ZIP	3801 PGA Boulevard, Suite 555	
	Palm Beach Gardens, FL 33410	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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
Vice President**JAN 29 2001**

Date

Daytime Phone #

(561) 630-5055

CR2E034 (10/00)