

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90989 003 ***150.00

DOCUMENT # P98000065235

1. Entity Name
LAKE MEAD MEDICAL EQUITY CORPORATION



Principal Place of Business
**GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, SUITE 600
WEST PALM BEACH FL 33410
US**

Mailing Address
**GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, SUITE 600
WEST PALM BEACH FL 33410
US**

11022498



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens, FL

City & State

Palm Beach Gardens, FL

Zip

33410

Country

Zip

33410

Country

4. FEI Number

65-0852946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGSERV CORP
GCC-3801 PGA BLVD., SUITE 600
WEST PALM BEACH FL 33410**

Name

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

City **Palm Beach Gardens**

FL

Zip Code

33410

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **RENDINA, BRUCE A**
STREET ADDRESS **3801 PGA BOULEVARD, SUITE 600**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE **D/P/CEO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **VPS** ☐ Delete
NAME **DISALVO, PATRICK J**
STREET ADDRESS **3801 PGA BOULEVARD, SUITE 600**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **VPAS** ☐ Delete
NAME **JURAN, LAWRENCE B**
STREET ADDRESS **3801 PGA BOULEVARD, SUITE 600**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **VP** ☐ Delete
NAME **STRACHAN, DAVID M**
STREET ADDRESS **3801 PGA BOULEVARD, SUITE 600**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE **VP** ☒ Delete
NAME **STRACHAN, DAVID M**
STREET ADDRESS **3801 PGA BOULEVARD, SUITE 600**
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/03 (561) 630-5083

CR2E034 (10/02)