

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000066546**

1. Entity Name
GLENDAL HEALTHCARE MEDICAL EQUITY CORPORATION

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

05-04-2000 90110 018 ***150.00

Principal Place of Business
**222 LAKEVIEW AVE
17TH FLOOR
W PALM BCH FL 33401**

Mailing Address
**222 LAKEVIEW AVE
17TH FLOOR
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



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0853308**

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.** giving 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **D/ P/ CEO** ☒ Change ☐ Addition
NAME **Rendina, Bruce A.**
STREET ADDRESS **222 Lakeview Avenue, 17th Floor**
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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **VP/ AS** ☒ Change ☐ Addition
NAME **Juran, Lawrence B.**
STREET ADDRESS **222 Lakeview Ave, 17th FL**
CITY-ST-ZIP **W Palm Beach FL 33401**

TITLE **VP** ☐ Delete
NAME **STRACHAN, DAVID M**
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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 (501) 655-9008
Date Daytime Phone #