

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000066546**

1. Entity Name

GLENDAL HEALTHCARE MEDICAL EQUITY CORPORATION

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**

2. Principal Place of Business

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

3. Mailing Address

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

6. Name and Address of Current Registered Agent

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

red Agent

**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, Vice President**JAN 2 9 2001**

gent 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 State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | DPCE | <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 | DPCE | <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 | VPS | <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 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 | 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"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. DiSalvo**Vice President****JAN 2 9 2001**

Date

Daytime Phone #

(561) 630-5055**FILED**
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90195 024 ***150.00

D0015227

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**

CR2E034 (10/00)