

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90241 040 ***150.00

0358711 AV

DOCUMENT # P98000066546

1. Entity Name

GLENDAL HEALTHCARE MEDICAL EQUITY CORPORATION

Principal Place of Business

**GARDENS CORP CTR
 3801 PGA BLVD. SUITE 555
 PALM BEACH GARDENS FL 33410**

Mailing Address

**GARDENS CORP CTR
 3801 PGA BLVD. SUITE 555
 PALM BEACH GARDENS FL 33410**

2. Principal Place of Business

3. Mailing Address

**3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410**

**3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410**

DO NOT WRITE IN THIS SPACE

El Number

65-0853308

Applied For

Not Applicable

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
 GARDENS CORP CTR
 3801 PGA BLVD, SUITE 555
 PALM BEACH GARDENS FL 33410**

**REGSERV CORP.
 3801 PGA Boulevard
 Suite 600
 Palm Beach Gardens, FL 33410**

FL Zip Code

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.

SIGNATURE

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

(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, 2002 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.

DIRECTORS IN 11

TITLE **D/CEO** ☐ Delete
 NAME **RENDINA, BRUCE A**
 STREET ADDRESS **3801 PGA BLVD, SUITE 600**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D/P/CEO** ☒ Change ☐ Addition
 NAME **Rendina, Bruce A**
 STREET ADDRESS **3801 PGA Boulevard, Suite 600**
 CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

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

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

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

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

TITLE **VP** ☐ Delete
 NAME **STRACHAN, DAVID M**
 STREET ADDRESS **3801 PGA BLVD, SUITE 600**
 CITY-ST-ZIP **PALM BEACH GARDENS 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

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 recorder 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

2/20/02
 Date

561-630-5055

CR2E034 (9/01)