

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000066548

1. Corporation Name  
SAN RAMON MEDICAL EQUITY CORPORATION

Principal Place of Business  
222 Lakeview Avenue  
17<sup>th</sup> Floor  
West Palm Beach, FL  
33401

Mailing Address  
222 Lakeview Avenue  
17<sup>th</sup> Floor  
West Palm Beach, FL  
33401

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

JURAN, LAWRENCE B  
3801 PGA BOULEVARD SUITE 1000  
PALM BEACH GARDENS FL 33410

81 Name *Reaserv Corp.*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*222 Lakeview Ave.*  
83 *17th Floor*  
84 City *West Palm Beach* FL 85 Zip Code *33401*

11 SI By: *Mark Nussbaum*

tes, the above-named corporation submits this statement for the purpose of changing its registered  
authorized by the corporation's board of directors. I hereby accept the appointment as registered  
Florida Statutes.

Mark Nussbaum

VP 4-27-99

DATE

Registered Agent signature required when reinstating)

		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D</b> RENDINA, BRUCE A	1.2 NAME	<i>Bruce A. Rendina</i>
STREET ADDRESS	3801 PGA BOULEVARD SUITE 1000	1.3 STREET ADDRESS	322 Lakeview Ave, 17th Floor
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<i>Patrick J. DiSalvo</i>
STREET ADDRESS		2.3 STREET ADDRESS	222 Lakeview Ave, 17th Floor
CITY-ST-ZIP		2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<i>Lawrence B. Jurran</i>
STREET ADDRESS		3.3 STREET ADDRESS	222 Lakeview Ave, 17th Floor
CITY-ST-ZIP		3.4. CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<i>David M. Strachan</i>
STREET ADDRESS		4.3 STREET ADDRESS	222 Lakeview Ave, 17th Floor
CITY-ST-ZIP		4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Patrick J. DiSalvo

SIGNATURE:

REQUIRE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 561-655-9008

Daytime Phone #

0328237

CR2E034 (11/98)