

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90108 031 ***150.00

DOCUMENT # P98000066548

1. Corporation Name

SAN RAMON MEDICAL EQUITY CORPORATION



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

Mailing Address
222 Lakeview Avenue
17th Floor
West Palm Beach, FL
33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/28/1998

4. FEI Number

05-0853310

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

Reaserv Corp.

222 Lakeview Ave.

17th Floor

West Palm Beach

FL

85 Zip Code
33401

11

SI

By: **Reaserv Corp.**
[Signature]

I, 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

Registered Agent signature required when reinstating

DATE

12.

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **RENDINA, BRUCE A**
CITY-ST-ZIP **3801 PGA BOULEVARD SUITE 1000**
PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **Bruce A. Rendina**
1.3 STREET ADDRESS **322 Lakeview Ave., 17th Floor**
1.4 CITY-ST-ZIP **West Palm Beach, FL 33401**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VPS**
2.3 STREET ADDRESS **Patrick J. DiSalvo**
2.4 CITY-ST-ZIP **222 Lakeview Ave, 17th Floor**
West Palm Beach, FL 33401

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **VPS**
3.3 STREET ADDRESS **Lawrence B. Juran**
3.4 CITY-ST-ZIP **222 Lakeview Ave, 17th Floor**
West Palm Beach, FL 33401

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **VP**
4.3 STREET ADDRESS **David M. Strachan**
4.4 CITY-ST-ZIP **222 Lakeview Ave, 17th Floor**
West Palm Beach, FL 33401

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick J. DiSalvo
Vice President

4-27-99 561-655-9008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

0328237