

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

38 APR 27 AM 6:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000000372 (9)

1. Corporation Name

OMNA MEDICAL PARTNERS, INC.

Principal Place of Business

Mailing Address

2255 GLADES ROAD, SUITE 311-E
BOCA RATON FL 33431

2255 GLADES ROAD, SUITE 311-E
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1997

4. FEI Number

65-0716714

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

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Zip

Country

29

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9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

David Peck

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

c/o OMNA Medical Partners, Inc.

83

2255 Glades Road, Suite 416A

84 City

Boca Raton

FL

85

Zip Code
33431

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

DAVID PECK

4-22-98

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PC BADAL, JOSEPH J 2255 GLADES ROAD, SUITE 311-E BOCA RATON FL 33431

TITLE NAME STREET ADDRESS CITY-ST-ZIP

ST JOHNSON, DARYL P 2255 GLADES ROAD, SUITE 311-E BOCA RATON FL 33431

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS CITY-ST-ZIP

****150.00 ****150.00

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

President David Peck 2255 Glades Road, Suite 416A Boca Raton, FL 33431

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

Vice President/Treasurer Fred Portnoy 2255 Glades Road, Suite 416A Boca Raton, FL 33431

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Director James Block, M.D. 2255 Glades Road, Suite 416A Boca Raton, FL 33431

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Director Bernard Rineberg, M.D. 2255 Glades Road, Suite 416A Boca Raton, FL 33431

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

Director Richard Strain, M.D. 2255 Glades Road, Suite 416A Boca Raton, FL 33431

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Director Douglas Weiland, M.D. 2255 Glades Road, Suite 416A Boca Raton, FL 33431

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, on an attachment with an address.

SIGNATURE

4-22-98

5-1-98-2227

CR2E034 (10/97)