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0337086

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90015 023 \*\*\*150.00

DOCUMENT # P97000055132

1. Corporation Name  
F.S.I. MANAGEMENT, INC.



Principal Place of Business Mailing Address  
C/O ORTHOPEDIC MEDICAL NETWORKS OF AMERICA C/O ORTHOPEDIC MEDICAL NETWORKS OF AMERICA  
SUITE 311-E, 2255 GLADES ROAD SUITE 311-E, 2255 GLADES ROAD  
BOCA RATON FL 33431 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 46 OMNA Medical Partners		26 46 OMNA Medical Partners		06/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 2255 Glades Road, #219A		27 2255 Glades Road, #219A		65-0762081	
City & State		City & State		Applied For	
23 Boca Raton, FL		28 Boca Raton, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
33431		33431		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes the current year intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HARRIS, PETER H ESQ.  
C/O OMNA MEDICAL PARTNERS, INC.  
2255 GLADES ROAD, SUITE 416-A  
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name Harris, Peter H Esq.  
82 Street Address (P.O. Box Number is Not Acceptable) C/O OMNA Medical Partners, Inc.  
83 2255 Glades Road, Suite 219A  
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 *Peter H. Harris* VP/Secretary April 6, 1999  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, DAVID	1.2 NAME	Peck, David C
STREET ADDRESS	2255 GLADES ROAD SUITE 416A	1.3 STREET ADDRESS	2255 Glades Road, Suite 219A
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTNOY, FRED	2.2 NAME	Portnoy, Fred J
STREET ADDRESS	2255 GLADES ROAD SUITE 416A	2.3 STREET ADDRESS	2255 Glades Road, Suite 219A
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DARYL P	3.2 NAME	Johnson, Daryl P
STREET ADDRESS	2255 GLADES ROAD SUITE 416A	3.3 STREET ADDRESS	2255 Glades Road, Suite 219A
CITY-ST-ZIP	BOCA RATON FL 33431	3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Harris, Peter H
STREET ADDRESS		4.3 STREET ADDRESS	2255 Glades Road, Suite 219A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton, FL 33431
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.

SIGNATURE:

*Peter H. Harris* April 6, 1999 561-988-2227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)