

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055132

1. Entity Name

F.S.I. MANAGEMENT, INC.

FILED

May 02, 2000 8:00 am  
Secretary of State

05-02-2000 90096 025 \*\*\*150.00

Principal Place of Business

C/O OMNA MEDICAL PARTNERS  
2255 GLADES RD. #219A  
BOCA RATON FL 33431

Mailing Address

C/O OMNA MEDICAL PARTNERS  
2255 GLADES RD. #219A  
BOCA RATON FL 33431-7391

00000747



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0762081

Applied For

Not Applicable

Zip

Country

Zip

Country

5. 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

HARRIS, PETER H ESQ.  
C/O OMNA MEDICAL PARTNERS, INC.  
2255 GLADES RD. #219A  
BOCA RATON FL 33431

Name

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

City

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, 2000 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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME PECK, DAVID  
STREET ADDRESS 2255 GLADES ROAD SUITE 416A  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE Pa Director  
NAME Suite 219A ☒ Change ☐ Addition

TITLE VPT  
NAME PORTNOY, FRED  
STREET ADDRESS 2255 GLADES ROAD SUITE 416A  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE VPT & Director  
NAME Suite 219A ☒ Change ☐ Addition

TITLE S  
NAME JOHNSON, DARYL P  
STREET ADDRESS 2255 GLADES ROAD SUITE 416A  
CITY-ST-ZIP BOCA RATON FL 33431 ☒ Delete

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

TITLE VPS  
NAME HARRIS, PETER  
STREET ADDRESS 2255 GLADES ROAD SUITE 416A  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE VPS & Director  
NAME Suite 219A ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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 receiver 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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

561-988-2227

Daytime Phone #

CR2E034 (9/99)