

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

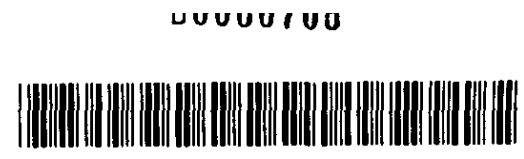
05-02-2000 90096 045 ***150.00

DOCUMENT # P97000059786

1. Entity Name
SWFNA, INC.

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0765481		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HARRIS, PETER H ESQ. C/O OMNA MEDICAL PARTNERS, INC 2255 GLADES ROAD, SUITE 416-A 219A BOCA RATON FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME PECK, DAVID STREET ADDRESS 2255 GLADES ROAD SUITE 416-A CITY-ST-ZIP BOCA RATON FL 33431	<input type="checkbox"/> Delete		TITLE Director NAME Ste. 219A STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME PORTNOY, FRED STREET ADDRESS 2255 GLADES ROAD SUITE 416-A CITY-ST-ZIP BOCA RATON FL 33431	<input type="checkbox"/> Delete		TITLE VPT & Director NAME Ste. 219A STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME JOHNSON, DARYL P STREET ADDRESS 2255 GLADES ROAD SUITE 416-A CITY-ST-ZIP BOCA RATON FL 33431	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPS NAME HARRIS, PETER STREET ADDRESS 2255 GLADES ROAD SUITE 416-A CITY-ST-ZIP BOCA RATON FL 33431	<input type="checkbox"/> Delete		TITLE VPS & Director NAME Ste. 219A STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **4/27/00** **561-988-2227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR21.014.13/99