

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107989

1. Entity Name

OMNA MEDICAL NETWORKS, INC.

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

05-02-2000 90096 012 ***150.00

Principal Place of Business

% OMNA MEDICAL PARTNERS, INC.
 2255 GLADES RD. #219A
 BOCA RATON FL 33431

Mailing Address

% OMNA MEDICAL PARTNERS, INC.
 2255 GLADES RD. #219A
 BOCA RATON FL 33431-7391

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number **65-0806950**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

7. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> Delete
NAME	PECK, DAVID	
STREET ADDRESS	2255 GLADES ROAD, SUITE 416-A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DARYL P	
STREET ADDRESS	2255 GLADES ROAD, SUITE 416-A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	PORTNOY, FRED	
STREET ADDRESS	2255 GLADES ROAD, SUITE 416-A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HARRIS, PETER	
STREET ADDRESS	2255 GLADES ROAD, SUITE 416-A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ste. 219A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ste. 219A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPS & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ste. 219A	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)