

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90048 024 \*\*\*150.00

**DOCUMENT # P98000014819**

1. Entity Name

**ATLANTIC SHORE ORTHOPAEDIC ASSOCIATES MANAGEMENT, INC.**

Principal Place of Business

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

Mailing Address

**5215 OLD ORCHARD RD  
 850  
 SKOKIE IL 60077**

2. Principal Place of Business

**5215 Old Orchard Rd**

3. Mailing Address

Suite, Apt. #, etc.

**850**

Suite, Apt. #, etc.

City & State

**SKOKIE IL**

City & State

Zip

**60077**

Country

**USA**

Zip

Country

4. FEI Number

**65-0861922**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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 219-A  
 BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Peter Harris**

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

**1052 Seg 4012 Lane**

City **Weston**

**FL**

Zip Code

**33322**

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, 2002 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>PECK, DAVID<br/>2255 GLADES ROAD STE 219-A<br/>BOCA RATON FL 33431</b>     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPTD<br/>PORTNOY, FRED<br/>2255 GLADES ROAD STE 219A<br/>BOCA RATON FL 33431</b>  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VPSD<br/>HARRIS, PETER<br/>2255 GLADES ROAD STE 219A<br/>BOCA RATON FL 33431</b>  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>BARBOUR, ALYSSA R<br/>2255 GLADES RD. STE 219A<br/>BOCA RATON FL 33431</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>President, Sec, Treas, Direct<br/>                 Peter Harris<br/>                 5215 Old Orchard Rd, #850<br/>                 Skokie, IL 60077</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>Asst. Sec.<br/>                 Alyssa Barbour<br/>                 5215 Old Orchard Rd, #150<br/>                 Skokie, IL 60077</b>                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 10/01