

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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 021 \*\*\*150.00

DOCUMENT # P98000029468

1. Corporation Name  
MBO ACQUISITION, INC.

Principal Place of Business  
2255 GLADES ROAD #416-A  
BOCA RATON FL 33431

Mailing Address  
2255 GLADES ROAD #416-A  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
03/31/1998

4. FEI Number  
65-0823901

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
9000 Medical Partners

2a. Mailing Address  
9000 Medical Partners

21. Suite, Apt. #, etc.  
2255 Glades Road #219A

26. Suite, Apt. #, etc.  
2255 Glades Road #219A

22. City & State  
Boca Raton, FL

27. City & State  
Boca Raton, FL

23. Zip  
33431

28. Zip  
33431

24. Country

29. Country

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)  
9000 Medical Partners, Inc.  
83. 2255 Glades Road, Suite 219A  
84. City  
Boca Raton  
85. State Code  
FL  
86. 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 DATE April 6, 1999  
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  
D  
NAME  
PECK, DAVID  
STREET ADDRESS  
2255 GLADES ROAD #416-A  
CITY-ST-ZIP  
BOCA RATON FL 33431

TITLE  
D  
NAME  
JOHNSON, DARYL P  
STREET ADDRESS  
2255 GLADES ROAD #416-A  
CITY-ST-ZIP  
BOCA RATON FL 33431

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
President  
1.2 NAME  
Peck, David G.  
1.3 STREET ADDRESS  
2255 Glades Road, Suite 219A  
1.4 CITY-ST-ZIP  
Boca Raton, FL 33431

2.1 TITLE  
VP  
2.2 NAME  
Johnson, Daryl P  
2.3 STREET ADDRESS  
2255 Glades Road, Suite 219A  
2.4 CITY-ST-ZIP  
Boca Raton, FL 33431

3.1 TITLE  
VP  
3.2 NAME  
Harris, Peter H  
3.3 STREET ADDRESS  
2255 Glades Road, Suite 219A  
3.4 CITY-ST-ZIP  
Boca Raton, FL 33431

4.1 TITLE  
VP  
4.2 NAME  
Harris, Peter H  
4.3 STREET ADDRESS  
2255 Glades Road, Suite 219A  
4.4 CITY-ST-ZIP  
Boca Raton, FL 33431

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 DATE April 6, 1999 DAYTIME PHONE # 561-988-2227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)