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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEFARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

DOCUMENT # P98000032824

1. Corporation Name

OMNA ASC, INC.

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90047 008 ***150.00



			<u> </u>		#### 11710 #### P### 11817 BI## ####
Principal Flace	e of Business	Mailing Address			
2255 GLADES F	ROAD	2255 GLADES ROAD			
SUITE 416A		SUITE 416A		DO NOT WRITE IN T	HS SPACE
BOCA RATON F	FL 33431	BOCA RATON FL 33431		Date Incorporated or Qualifed	TIO OF AGE
				04/07/1998	
5 80 100	(During and Control of	2 Mailing Address	0 0 .	4. FEI Number	Applied For
21/00/1	was Medical Pames	2a. Mailing Address 26 000 0 MVA/NO	dical Partix	8 65-0826102	No: Applicable
Suite Apt	# jetc. des Road # 2191	Suite Apt/# etc.	Road #219.	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	Patro Pl	Cary & State	to De	6. Electic n Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 15 6 CG	Country	7in /	County	8. This corporation owes the current year	
ر (التوسط التوادية	[25]	29 3 3 y 3 / 3	 , '	Personal Property Tax.	Yes JNo
24 <u>3, 7, Y</u>	9. Name and Address of Current		<u> </u>	10. Name and Address of New Register	
	5. Name and Address of Co. Co.	rregional rigoni	81 Name []	200 1 12 to	
HARI	RIS, PETER H ESQ.		<u>Γ/0</u>	9/15, Perc-11,	1361
	OMNA MEDICAL PARTNERS, INC	\ '	82 Street Arid	ress (P.O. Plo) Number is (lot Acceptable)	Mes Int.
	GLADES ROAD, SUITE 416-A	•	83 20 0	11 11 11 11	1. 1.21
	A RATON FL 33431		2255	Mages Koad, Sui	re dist
			84 City	ig Katon F	L 85 Zio Carle 73/
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named or reporation 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 LITER TO THE PAPER H. Harris VP /Secretary april 6,199					
	Signature, typed or printed na ne of registered agent		egistered Agent signature require	ed when rylinstating) DATE	
12	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
12.	OFFICERS AND		<u> </u>	od wien i priodicing)	AND DIRECTOF S IN 12
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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 a nural 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 of 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: