

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90097 011 ***150.00

DOCUMENT # P98000032824

1. Entity Name

OMNA ASC OF FLORIDA, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

**5215 Old Orchard Rd
 Suite, Apt. #, etc.
 850**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Skokie IL

4. FEI Number **65-0826102**

Applied For
 Not Applicable

Zip

Country

Zip

Country

60077 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PECK, DAVID 2255 GLADES RD, STE 219A BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD PORTNOY, FRED J 2255 GLADES RD, STE 219 A BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD HARRIS, PETER H 2255 GLADES RD, STE 219 BOCA RATON FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alyssa R. Barbours Asst. Secretary	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	James Breland Chief Operating Officer	<input type="checkbox"/> Delete
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	Asst. Secretary Alyssa R. Barbours 2255 Glades Rd., Ste. 219A Boca Raton, FL 33431	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Alyssa R. Barbours 2255 Glades Rd., Ste. 219A Boca Raton, FL 33431	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)