

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

DOCUMENT # P98000046380

1. Corporation Name

RDB 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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90015 014 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1998

4. FEI Number

65-0837586

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

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)
83 2255 Glades Road, Suite 219A
84 City Boca Raton FL 85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PECK, DAVID	
STREET ADDRESS	2255 GLADES ROAD #416-A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, DARYL P	
STREET ADDRESS	2255 GLADES ROAD #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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Peck, David C
1.3 STREET ADDRESS	2255 Glades Road, Suite 219A
1.4 CITY-ST-ZIP	Boca Raton, FL 33431
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Johnson, Fred J
3.3 STREET ADDRESS	2255 Glades Road, Suite 219A
3.4 CITY-ST-ZIP	Boca Raton, FL 33431
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

April 6, 1999

Date

561/988-2227
954/384-745

Daytime Phone #

CR2E034 (1/198)