## 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 # P98000048264

CPS ACQUISITION, INC.

SIGNATURE:

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

04-23-1999 90015 015 \*\*\*150.00



Principal Place	of Business	Mailing Address	•	
2255 GLADES R	D., SUITE 416-A	2255 GLADES RD., SUITE 416-	A	
BOCA RATON F	L 33431	BOCA RATON FL 33431		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed
	•			05/29/1998
2 Principal Pt	ace of Businessy 1 , (2)	2a, Mailing Address	11.0	4. FEI Number CI 2 - >1/ Applied For
1900M	MAMOCICAL PACTORE	26 COTIMILA MO	dial Var	MAR DS - (28 392) Not Applicable
Suite, Apt. #, etc.			0	\$8.75 Additional
2) It The des Koud #2/9/27 ISS The deskoad				7 5. Certificate of Status Desired Fee Required
City State City State				6. Election Campaign Financing \$5.00 May Be
23 Boca Katon, I-C 28 Boca Kal			Un.FC	Trust Fund Contribution Added to Fees
Zip 2\(\O)   Country Zip ) (() /			Country	8. This corporation owes the current year Intangible
$\frac{1}{24}$ $\frac{3}{3}$ $\frac{7}{3}$ $\frac{1}{25}$ $\frac{1}{29}$ $\frac{3}{3}$ $\frac{7}{30}$ $\frac{1}{30}$				Personal Property Tax. Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
HARRIS, PETER H ESQ.				
C/O OMNA MEDICAL PARTNERS, INC.  82 Steet				oddress (P.O. Box Alumber is Not Acceptable)
2255 GLADES ROAD, SUITE 416-A			100	MINATICAL CELL TOT THES, ATTE
BOCA RATON FL 33431			°° 226	TURDES KOUD SUITE 2194
BOOK INTOILE CONTI			84 City 2	EL 85 29 6000 2 /
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 Sections 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.	Signature, typed or printed name of registered agent an OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE	Change Addition
NAME	PECK, DAVID		1.2 NAME	mat N. Des Road Suite 219A
STREET ADDRESS	2255 GLADES RD., SUITE 416-A		1.3 STREET ADDRESS	753 090 105 1000 301 100 111
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP	Baca Katan, 1-6 35451
TITLE	D	☐ DELETE	2.1 TITLE	Change Addition
NAME	JOHNSON, DARYL P		2.2 NAME	1ch 1502 1 9! Yh 1 6 2004
STREET ADDRESS	2255 GLADES RD., SUITE 416-A		2.3 STREET ADDRESS	7353 Gades Koad, Suite 21974
CITY-ST-ZIP	BOCA RATON FL 33431		2.4 CITY+ST-ZIP	BOCG Ka 121, FL 33931
TITLE	•	☐ DELETE	3.1 TITLE	Change Addition
NAME '			3.2 NAME	to-thoy, they by a start to 219A
STREET ADDRESS			3.3 STREET ADDRESS	753 670 des 700 de 1800 100 11
CITY-ST-ZIP	<u> </u>	- Delete	3.4. CITY-ST-ZIP	130CG Raion, PC 93 93
TITLE		☐ DELETE	4.1 TITLE	UPIS. Only H
NAME			4. 2 NAME	Harris, 10 2 10 to 219A
STREET ADDRESS	,		4.3 STREET ADDRESS	225 Plades Road Suite 119A
CITY-ST-ZIP		□ DELETE	4.4 CITY-ST-ZIP	BOCG RATEO, Change Addition
TITLE	`	☐ DELETE	5.1 TITLE 5.2 NAME	,
NAME			5.3 STREET ADDRESS	
STREET ADDRESS			5.4 CITY+S1-ZIP	•
CITY-ST-ZIP		. DELETE	6.1 TITLE	☐ Change ☐ Addition
TITLE	·		6.2 NAME	
NAME			6.3 STREET ADDRESS	
STREET ADDRESS			6.4 CITY-ST-ZIP	·
14   hereby c	ertify that the information supplied with	his filing down not gualify for th		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 affice or director of the composition or the receiver of the composition of the composit				
14. I hereby certify that the information supplied with this filling 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, of on an attachment with an address with all other like empowered.				