

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 018 \*\*\*150.00

DOCUMENT # P98000048268

1. Corporation Name  
EOA ACQUISITION, INC.

Principal Place of Business  
2255 GLADES RD., SUITE 416-A  
BOCA RATON FL 33431

Mailing Address  
2255 GLADES RD., SUITE 416-A  
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/29/1998

4. FEI Number  
65-0839270

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  
21 9000 N Medical Partners  
Suite, Apt. #, etc.  
22 2255 Glades Road, Suite 416-A  
City & State  
23 Boca Raton, FL  
Zip  
24 33431  
Country  
25  
26 2255 Glades Road, Suite 416-A  
City & State  
27 Boca Raton, FL  
Zip  
28 33431  
Country  
29  
30

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 N Medical Partners, Inc  
83 2255 Glades Road, Suite 416-A  
City  
84 Boca Raton  
State  
85 FL  
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 and Secretary* DATE *April 6, 1999*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	Peck, David C	2255 Glades Road, Suite 416-A	Boca Raton, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
VP	Johnson, Daryl P	2255 Glades Road, Suite 416-A	Boca Raton, FL 33431	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
VPIT	Portnoy, Fred J	2255 Glades Road, Suite 416-A	Boca Raton, FL 33431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
VPIS	Harris, Peter H	2255 Glades Road, Suite 416-A	Boca Raton, FL 33431	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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* 561-988-2227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #