

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048268

1. Entity Name

EOA ACQUISITION, INC.

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

05-11-2001 90097 015 ***150.00

0300359

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

5215 Old Orchard Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

850

City & State

City & State

8 KOKIC, IL

Zip

Country

Zip

Country

60077

USA

4. FEI Number 65-0839270

Applied For

Not Applicable

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 416-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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P PECK, DAVID	2255 GLADES RD., SUITE 416-A	BOCA RATON FL 33431				
	VP JOHNSON, DARYL P	2255 GLADES RD., SUITE 416-A	BOCA RATON FL 33431				
	VPT PARMOY, FRED	2255 GLADES RD., SUITE 416-A	BOCA RATON FL 33431		Portnoy, Fred		
	VPS HARRIS, PETER	2255 GLADES RD., SUITE 416-A	BOCA RATON FL 33431				
					Asst. Secretary		
					Alyssa R. Barbaur	2255 Glades Rd. Ste 219A	BOCA RATON FL 33431

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)