

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90047 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000064348

1. Corporation Name
NCTN 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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/22/1998		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 2255 Glades Rd, #219A	2a. Mailing Address 2255 Glades Road, #219A	4. FEI Number 65-0851558
21. Suite, Apt. #, etc. 2255 Glades Rd, #219A	26. Suite, Apt. #, etc. 2255 Glades Road, #219A	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22. City & State Boca Raton, FL	27. City & State Boca Raton, FL	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
23. Zip 33431	28. Zip 33431	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <table border="1"> <tr><td>81. Name</td><td>Harris, Peter H, Esq.</td></tr> <tr><td>82. Street Address (P.O. Box Number is Not Acceptable)</td><td>C/O OMNA Medical Partners, Inc.</td></tr> <tr><td>83. City & State</td><td>2255 Glades Road, Suite 219A</td></tr> <tr><td>84. Zip</td><td>Boca Raton, FL 33431</td></tr> </table>	81. Name	Harris, Peter H, Esq.	82. Street Address (P.O. Box Number is Not Acceptable)	C/O OMNA Medical Partners, Inc.	83. City & State	2255 Glades Road, Suite 219A	84. Zip	Boca Raton, FL 33431
81. Name	Harris, Peter H, Esq.								
82. Street Address (P.O. Box Number is Not Acceptable)	C/O OMNA Medical Partners, Inc.								
83. City & State	2255 Glades Road, Suite 219A								
84. Zip	Boca Raton, FL 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 **Peter H. Harris, VP/Secretary** April 6, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Block David C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PECK, DAVID	1.2 NAME	Block David C
STREET ADDRESS	2255 GLADES RD, SUITE 416-A	1.3 STREET ADDRESS	2255 Glades Road, Suite 219A
CITY-ST-ZIP	BOCA RATON FL 33431	1.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DARYL P	2.2 NAME	Johnson, Daryl P
STREET ADDRESS	2255 GLADES RD. SUITE 416-A	2.3 STREET ADDRESS	2255 Glades Road, Suite 219A
CITY-ST-ZIP	BOCA RATON FL 33431	2.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Johnson, Fred J
STREET ADDRESS		3.3 STREET ADDRESS	2255 Glades Road, Suite 219A
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Harris, Peter H
STREET ADDRESS		4.3 STREET ADDRESS	2255 Glades Road, Suite 219A
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 registered agent 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Peter H. Harris **Peter H. Harris** April 6, 1999 **561-988-2227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)