

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000064348

1. Entity Name
NCTN ACQUISITION, INC.

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

05-11-2001 90097 006 ***150.00

Principal Place of Business
C/O OMNA MEDICAL PARTNERS
2255 GLADES RD. #219A
BOCA RATON FL 33431
US

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
5215 Old Orchard Rd
Suite, Apt. #, etc.
SKOKIE IL
City & State
Zip 60077
Country USA

4. FEI Number 65-0851558
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. 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

7. Name and Address of New Registered Agent
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 _____ (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

TITLE	D	Delete
NAME	PECK, DAVID	
STREET ADDRESS	2255 GLADES RD, STE 219A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, DARYL P	
STREET ADDRESS	2255 GLADES RD, STE #219A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	PORTNOY, FRED J	
STREET ADDRESS	2255 GLADES RD STE 219A	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HARRIS, PETER H	
STREET ADDRESS	2255 GLADES RD, STE 219A	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alyssa R. Barbaur	
STREET ADDRESS	2255 Glades Rd. Ste. 219A	
CITY-ST-ZIP	Boca Raton FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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)