

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90048 027 ***150.00

DOCUMENT # P98000064348

1. Entity Name
NCTN ACQUISITION, INC.

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

Mailing Address
5215 OLD ORCHARD RD.
STE 850
SKOKIE IL 60077
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0851558

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **Peter Harris**

Street Address (P.O. Box Number is Not Acceptable)

1052 Segway Lane

City **Weston**

FL

Zip Code **33322**

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, 2002 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 **D** ☒ Delete
 NAME **PECK, DAVID**
 STREET ADDRESS **2255 GLADES RD, STE 219A**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPT** ☒ Delete
 NAME **PORTNOY, FRED J**
 STREET ADDRESS **2255 GLADES RD STE 219A**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPS** ☐ Delete
 NAME **HARRIS, PETER H**
 STREET ADDRESS **2255 GLADES RD, STE 219A**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
 NAME **Presid, Sec, Treas, Director**
 STREET ADDRESS **Peter Harris**
 CITY-ST-ZIP **5215 Old Orchard Rd #850**
Skokie, IL 60077

TITLE **AS** ☐ Delete
 NAME **BARBOUR, ALYSSA R**
 STREET ADDRESS **2255 GLADES RD., STE 219A**
 CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE ☒ Change ☐ Addition
 NAME **Asst. Sec.**
 STREET ADDRESS **Alyssa Barbour**
 CITY-ST-ZIP **5215 Old Orchard Rd #850**
Skokie, IL 60077

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/17/02 954-559-0732

CR2E034 (9/01)