

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90047 007 ***150.00

0335745

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

DOCUMENT # P98000070688

1. Corporation Name
KF 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 08/13/1998		4. FBI Number 05-0856254	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Principal Place of Business 400 OMNA Medical Partners, 2255 Glades Road, #219A	2a. Mailing Address 2255 Glades Road, #219A	5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
22. Suite, Apt. #, etc. 2255 Glades Road, #219A	22a. Suite, Apt. #, etc. 2255 Glades Road, #219A	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 May Be Added to Fees
23. City & State Boca Raton, FL	23a. City & State Boca Raton, FL	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Zip 33431	24a. Zip 33431	30. Country FL	

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 Harris, Peter H. Esq. 400 OMNA Medical Partners, Inc. 2255 Glades Road, Suite 219A 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** **4/6/99**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE Peck, David C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PECK, DAVID		1.2 NAME 2255 Glades Road, Suite 219A	
STREET ADDRESS 2255 GLADES RD. SUITE 416-A		1.3 STREET ADDRESS Boca Raton, FL 33431	
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 Johnson, Daryl P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, DARYL		2.2 NAME 2255 Glades Road, Suite 219A	
STREET ADDRESS 2255 GLADES RD. SUITE 416-A		2.3 STREET ADDRESS Boca Raton, FL 33431	
CITY-ST-ZIP BOCA RATON FL 33431		2.4 CITY-ST-ZIP Boca Raton, FL 33431	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE Partnoy, Fred J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, DARYL		3.2 NAME 2255 Glades Road, Suite 219A	
STREET ADDRESS 2255 GLADES RD. SUITE 416-A		3.3 STREET ADDRESS Boca Raton, FL 33431	
CITY-ST-ZIP BOCA RATON FL 33431		3.4 CITY-ST-ZIP Boca Raton, FL 33431	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE Harris, Peter H	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, DARYL		4.2 NAME 2255 Glades Road, Suite 219A	
STREET ADDRESS 2255 GLADES RD. SUITE 416-A		4.3 STREET ADDRESS Boca Raton, FL 33431	
CITY-ST-ZIP BOCA RATON FL 33431		4.4 CITY-ST-ZIP Boca Raton, FL 33431	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE Harris, Peter H	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, DARYL		5.2 NAME 2255 Glades Road, Suite 219A	
STREET ADDRESS 2255 GLADES RD. SUITE 416-A		5.3 STREET ADDRESS Boca Raton, FL 33431	
CITY-ST-ZIP BOCA RATON FL 33431		5.4 CITY-ST-ZIP Boca Raton, FL 33431	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE Harris, Peter H	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JOHNSON, DARYL		6.2 NAME 2255 Glades Road, Suite 219A	
STREET ADDRESS 2255 GLADES RD. SUITE 416-A		6.3 STREET ADDRESS Boca Raton, FL 33431	
CITY-ST-ZIP BOCA RATON FL 33431		6.4 CITY-ST-ZIP Boca Raton, FL 33431	

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* **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)