

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000070688

1. Entity Name

KF ACQUISITION, INC.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90097 012 \*\*\*150.00

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

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2255 Old Orchard Rd

850

SKOKIE IL

60077

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0856254

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

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

TITLE VD ~~Portnoy~~  
NAME PUTNOY, FRED J  
STREET ADDRESS 2255 GLADES RD STE 219-A  
CITY-ST-ZIP BOCA RATON FL 33431 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME Fred Portnoy  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME Acting Pres. & Secretary  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Asst. Secretary  
STREET ADDRESS Alyssa R. Barbour  
CITY-ST-ZIP 2255 Glades Rd. Ste 219A  
Boca Raton FL 33431

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME Chief Operating Officer  
STREET ADDRESS James Brabant  
CITY-ST-ZIP (same)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)