

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 MAY -1 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000002720 (0)**

1. Corporation Name

**ESI PITTSYLVANIA, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1400 CENTREPARK BLVD. SUITE 600 WEST PALM BEACH FL 33401</b>	Mailing Address <b>1400 CENTREPARK BLVD. SUITE 600 WEST PALM BEACH FL 33401</b>
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3. Date Incorporated or Qualified <b>11/05/1992</b>	3a. Date of Last Report <b>03/23/1994</b>
4. FEI Number <b>65-0371454</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. The corporation has liability for intangible tax under S. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>See Attached</b>	

2. Principal Place of Business 21. Suite, Apt. # etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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9. Name and Address of Current Registered Agent

**LEON, J E  
9250 W. FLAGLER ST.  
MIAMI FL 33174**

10. Name and Address of Now Registered Agent

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

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 \_\_\_\_\_ (If the registered agent signature is required when filing, sign here)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>DP GELBER, LESLIE J 1400 CENTREPARK BLVD. #600 WEST PALM BEACH FL</b>	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>V BONILLA, LORI J 1400 CENTREPARK BLVD. #600 WEST PALM BEACH FL</b>	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>DT BARNA, KENNETH G 1400 CENTREPARK BLVD. #600 WEST PALM BEACH FL 33401</b>	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<b>S CARPENTER, FRANCES M 1400 CENTREPARK BLVD. #600 WEST PALM BEACH FL 33401</b>	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 619.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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.

SIGNATURE *Frances M. Carpenter* FRANCIS M. CARPENTER 3/28/95 407-687-4900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY (Date) (Typed Name #)