


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

112

FILED

97 APR 30 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997 & 1996 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F95000001283

ELECTROPHARMACOLOGY, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified  
8/31/1990

3a. Date of Last Report  
1995

2. Principal Place of Business  
21 2301 NW 33rd COURT

2a. Mailing Address

4. FEI Number  
95-4315412

Applied For  
Not Applicable

22 SUITE 102  
City & State

Suite, Apt. #, etc.  
27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

23 POMPANO BEACH, FL

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24 33069

25 USA

29

30

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
DR. ARUP SEN

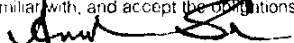
82 Street Address (P.O. Box Number is Not Acceptable)  
2301 NW 33RD COURT

83 SUITE 102

84 City  
POMPANO BEACH

85 Zip Code  
FL 33069

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE  ARUP SEN, CHAIRMAN OF THE BOARD AND CEO

4/23/97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 |
|----------------------------|---------------------------------|
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | 700002172487--0                 |
| STREET ADDRESS             | -05/09/97-01012--005            |
| CITY-ST-ZIP                | ****225.00 ****165.00           |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       | 700002172487--0                 |
| STREET ADDRESS             | -05/09/97-01012--005            |
| CITY-ST-ZIP                | ****225.00 ****225.00           |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |
| TITLE                      | <input type="checkbox"/> DELETE |
| NAME                       |                                 |
| STREET ADDRESS             |                                 |
| CITY-ST-ZIP                |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | P/C/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  | ARUP SEN, PH.D.  |
| 1.3 STREET ADDRESS                                    | 2301 NW 33RD COURT, SUITE 102  |
| 1.4 CITY-ST-ZIP                                       | POMPANO BEACH, FL 33069  |
| 2.1 TITLE   | V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 2.2 NAME  | DAVID SALOFF   |
| 2.3 STREET ADDRESS                                    | 2301 NW 33RD COURT, SUITE 102  |
| 2.4 CITY-ST-ZIP                                       | POMPANO BEACH, FL 33069  |
| 3.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 3.2 NAME  | MURRAY FELDMAN   |
| 3.3 STREET ADDRESS                                    | 2301 NW 33RD COURT, SUITE 102  |
| 3.4 CITY-ST-ZIP                                       | POMPANO BEACH, FL 33069  |
| 4.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 4.2 NAME  | LARRY HAIMOVITCH   |
| 4.3 STREET ADDRESS                                    | 2301 NW 33RD COURT, SUITE 102  |
| 4.4 CITY-ST-ZIP                                       | POMPANO BEACH, FL 33069  |
| 5.1 TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| 5.2 NAME  | STEVEN MAYER   |
| 5.3 STREET ADDRESS                                    | 2301 NW 33RD COURT, SUITE 102  |
| 5.4 CITY-ST-ZIP                                       | POMPANO BEACH, FL 33069  |
| 6.1 TITLE   |  |
| 6.2 NAME  | 700002172487--0  |
| 6.3 STREET ADDRESS                                    | -05/09/97-01012--004   |
| 6.4 CITY-ST-ZIP                                       | ****165.00 ****165.00  |

14. I do 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. 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.

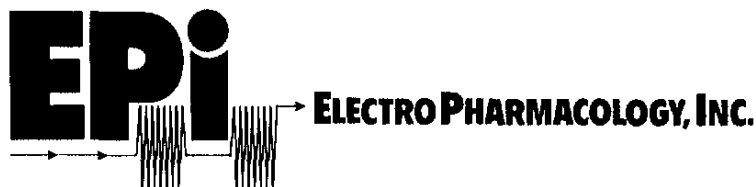
SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97  
Date

954/975-9818  
Daytime Phone #

CR2E034 (9/96)

712



April 29, 1997

Florida Department of State  
Sandra B. Mortham  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Attention: Andy Dunlap or Trevor

Dear Andy and Trevor:

As discussed during our various telephone conversations, I have completed and enclosed the annual report (1996 and 1997 which was combined per Trevor's instructions) for Electropharmacology, Inc. Additionally you will find payment for each year (check number 6485 in the amount of \$225 for 1996, and check number 6499 in the amount of \$165 for 1997), as well as proof of original submission of our annual report for 1996 in form of a computer printout. Trevor indicated that this would be sufficient proof of original submission.

Please process our annual report(s) as required to ensure proper filing. I want to thank both of you in advance for your assistance in clearing up this issue. You can reach me at the number below, extension 224, if you need further clarification.

Sincerely,

**ELECTROPHARMACOLOGY, INC.**

Sharon Ehler  
Executive Assistant to the CEO

/sle

enclosures

c: Accounting