

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

FILED
May 18 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F95000001283 (9)**

1. Corporation Name

ELECTROPHARMACOLOGY, INC.

Principal Place of Business

**2301 NW 33RD CT., #102
POMPANO BEACH FL 33069**

Mailing Address

**2301 NW 33RD CT., #102
POMPANO BEACH FL 33069**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/16/1995

4. FEI Number

95-4315412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**SEN, ARUP DR
2301 NW 33RD CT., #102
POMPANO BEACH FL 33069**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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 **VT** ☐ DELETE
NAME **SALOFF, DAVID**
STREET ADDRESS **2301 NW 33RD CT., #102**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **PCS** ☐ DELETE
NAME **ARUP, SALOFF**
STREET ADDRESS **2301 NW 33RD CT., #102**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☐ DELETE
NAME **MURRAY, FELDMAN**
STREET ADDRESS **2301 NW 33RD CT., #102**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☒ DELETE
NAME **HAIMOVITCH, LARRY**
STREET ADDRESS **2301 NW 33RD CT., #102**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE **D** ☒ DELETE
NAME **MAYER, STEVEN**
STREET ADDRESS **2301 NW 33RD CT., #102**
CITY-ST-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **TD** ☒ Change ☐ Addition
1.2 NAME **SALOFF, DAVID**
1.3 STREET ADDRESS **2301 NW 33rd Ct., #102**
1.4 CITY-ST-ZIP **Pompano Beach, FL 33069**

2.1 TITLE **PCSD** ☒ Change ☐ Addition
2.2 NAME **SEN, ARUP**
2.3 STREET ADDRESS **2301 NW 33rd Ct., #102**
2.4 CITY-ST-ZIP **Pompano Beach, FL 33069**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 of 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

4/27/98 954)975-9818

CR2E034 (10/97)