

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

0318820

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90042 001 ***150.00

DOCUMENT # **F95000001283**

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

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1109 NW 13th St

2a. Mailing Address

26 1109 NW 13th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Gainesville, FL

City & State

28 Gainesville, FL

Zip

24 32601

Country

25 Alachua

Zip

29 32601

Country

30 Alachua

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)

4608 SW 94th Dr

83

84 City

Gainesville

FL

85 Zip Code
32608

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

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **22 S Bethany Bend**
1.4 CITY-ST-ZIP **The Woodlands, TX 77382**

2.1 TITLE **CPS** ☐ Change ☒ Addition
2.2 NAME **Sen, Arup PhD**
2.3 STREET ADDRESS **4608 SW 94th Dr**
2.4 CITY-ST-ZIP **Gainesville, FL 32608**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Feldman, Murray**
3.3 STREET ADDRESS **8 Pilgrim Run**
3.4 CITY-ST-ZIP **East Brunswick, NJ 08816**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Jayaraman, Krishna PhD**
4.3 STREET ADDRESS **124 Golden Shadow Circle**
4.4 CITY-ST-ZIP **The Woodlands, TX 77381**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Kneipper, Richard K. Esq.**
5.3 STREET ADDRESS **9030 Guernsey Lane**
5.4 CITY-ST-ZIP **Dallas, TX 75220**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Carrico, Bernard V.**
6.3 STREET ADDRESS **510 Cross Timbers Dr**
6.4 CITY-ST-ZIP **Double Oak, TX 75067**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arup Sen

4/20/99

352-367-9088

CR2E034 (11/98)