

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001283

1. Entity Name

ELECTROPHARMACOLOGY, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90087 032 ***150.00

Principal Place of Business

Mailing Address

1109 NW 13TH ST
 GAINESVILLE FL 32601
 US

1109 NW 13TH ST
 GAINESVILLE FL 32615-6832
 US

2. Principal Place of Business

3. Mailing Address

12085 Research Drive
 Suite, Apt. #, etc.

12085 Research Drive
 Suite, Apt. #, etc.

City & State

Alachua FL

City & State

Alachua FL

4. FEI Number

95-4315412

Applied For

Not Applicable

Zip 32615

Country US

Zip 32615

Country US

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

SEN, ARUP DR
 4608 SW 94TH DR
 GAINESVILLE FL 32608

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, 2000 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 TD ☒ Delete
 NAME SALOFF, DAVID
 STREET ADDRESS 22 S BETHANY BEND
 CITY-ST-ZIP THE WOODLANDS TX 77382

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

TITLE CPS ☐ Delete
 NAME SEN, ARUP PHD
 STREET ADDRESS 4608 SW 94TH DR
 CITY-ST-ZIP GAINESVILLE FL 32608

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

TITLE D ☐ Delete
 NAME MURRAY, FELDMAN
 STREET ADDRESS 8 PILGRIM RUN
 CITY-ST-ZIP EAST BRUNSWICK NJ 08816

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

TITLE D ☒ Delete
 NAME JAYARAMAN, KRISHNA PHD
 STREET ADDRESS 124 GOLDEN SHADOW CIR
 CITY-ST-ZIP THE WOODLANDS TX 77381

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

TITLE D ☐ Delete
 NAME KNEIPPER, RICHARD K ESQ
 STREET ADDRESS 9030 GUERNSEY LANE
 CITY-ST-ZIP DALLAS TX 75220

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

TITLE D ☐ Delete
 NAME CARRICO, BERNARD V
 STREET ADDRESS 510 CROSS TIMBERS DR
 CITY-ST-ZIP DOUBLE OAK TX 75220

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 (9/99)