FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:19

DOCUMENT # G30681 (2)

1. Corporation Name
EDUCATIONAL SYMPOSIA, INC.

Principal Place of Business	Mailing Address
P O BOX 17241 TAMPA FL 33682-4241	P O BOX 17241 TAMPA FL 33682-4241

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/28/1983
3a. Date of Last Report: 04/06/1994

2. Principal Place of Business
21: 1527 SOUTH DALE MABRY HWY
22 Suite, Apt. #, etc.:
23 City & State: TAMPA, FLORIDA
24 Zip: 33629
25 Country:

2a. Mailing Address
26: 1527 SOUTH DALE MABRY HWY
27 Suite, Apt. #, etc.:
28 City & State: TAMPA, FLORIDA
29 Zip: 33629
30 Country:

4. FEI Number: 59-2278642 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMMONS, SHERWIN P.
101 EAST KENNEDY BOULEVARD
SUITE 2700
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name: LAWRENCE R. MUROFF, M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 1527 SOUTH DALE MABRY HWY
83:
84 City: TAMPA FL 85 Zip Code: 33629

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	☐ Change ☐ Addition
NAME	MUROFF, LAWRENCE R	1.2 NAME	
STREET ADDRESS	801 BAYSHORE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 00000	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

0004000 CP