SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50465** **(6)**

1. Corporation Name

EATING DISORDERS AWARENESS & PREVENTION, INC. - FLORIDA

Principal Place of Business	Mailing Address
~~EMERALD HILLS MEDICAL SO.~~ ~~4400 SHERIDAN STREET~~ ~~HOLLYWOOD FL 33021~~	~~EMERALD HILLS MEDICAL SO.~~ ~~4400 SHERIDAN STREET~~ ~~HOLLYWOOD FL 33021~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0397892 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 Hollywood Med Ctr. / Rader	26
Suite, Apt. #, etc. 22 3600 Washington St.	Suite, Apt. #, etc. 27
City & State 23 Hollywood FL	City & State 28
Zip 24 33162	Country 25 USA
Zip 29	Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~HUGHES, BETTY~~ ~~EMERALD HILLS MEDICAL SO.~~ ~~4400 SHERIDAN STREET~~ ~~HOLLYWOOD FL 33021~~ PROTOPAPADAKIS, Teddy THE RADER Institute HMC 3600 washington st Hollywood FL 33162	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] DATE: 7/25/95
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	~~PD~~	11 TITLE	President - Director	☒ Change ☐ Addition
NAME	~~HUGHES, BETTY~~	12 NAME	Teddy PROTOPAPADAKIS	
STREET ADDRESS	~~4400 SHERIDAN STREET~~	13 STREET ADDRESS	3600 Washington ST	
CITY-ST-ZIP	~~HOLLYWOOD FL~~	14 CITY-ST-ZIP	Hollywood FLORIDA 33162	
TITLE	~~TD~~	21 TITLE	Treasury - Director	☒ Change ☐ Addition
NAME	~~ARONSON, LISA~~	22 NAME	Barbara WABSETSky	
STREET ADDRESS	~~11251 S W 9TH CT~~	23 STREET ADDRESS	510 Riverside DR	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	24 CITY-ST-ZIP	Coral Springs FL.	
TITLE	RSD	31 TITLE		☐ Change ☐ Addition
NAME	DEMARS, PEGGY	32 NAME		
STREET ADDRESS	510 RIVERSIDE DR	33 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006173

CR2E037 (3/95)