

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N50465 (6)

1. Corporation Name

EATING DISORDERS AWARENESS & PREVENTION, INC. -  
FLORIDA

Principal Place of Business

HOLLYWOOD MEDICAL CENTER RADER  
3600 WASHINGTON ST  
HOLLYWOOD FL 33162  
US

Mailing Address

EMERALD HILLS MEDICAL SQ.  
4400 SHERIDAN STREET  
HOLLYWOOD FL 33021



2. Principal Place of Business

21 12173 PEMBROKE RD  
Suite, Apt. #, etc.

2a. Mailing Address

26 12173 PEMBROKE RD  
Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
08/17/1992

3a. Date of Last Report  
08/03/1995

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

City & State

23 PEMBROKE PINES FL

Zip 33025

Country

25 BROWARD

City & State

28 PEMBROKE PINES FL

Zip 33025

Country

30

9. Name and Address of Current Registered Agent

PROTOPAPADAKIS, TEDDY  
THE RADER INSTITUTE HMC  
3600 WASHINGTON ST  
HOLLYWOOD FL 33162

10. Name and Address of New Registered Agent

81 Name

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

83 SENIOR HEALTHCARE CTR

84 PEMBROKE PINES

FL

85 Zip Code

33025

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PROTOPAPADAKIS, TEDDY  
STREET ADDRESS 3600 WASHINGTON ST  
CITY-ST-ZIP HOLLYWOOD FL

TITLE TD  
NAME WARSETSKY, BARBARA  
STREET ADDRESS 576 RIVERSIDE DR  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE RSD  
NAME DEMARS, PEGGY  
STREET ADDRESS 510 RIVERSIDE DR  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 12173 PEMBROKE RD

1.4 CITY-ST-ZIP PEMBROKE PINES FL 33025

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 12173 PEMBROKE RD

2.4 CITY-ST-ZIP PEMBROKE PINES FL 33025

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 12173 PEMBROKE RD

3.4 CITY-ST-ZIP PEMBROKE PINES FL 33025

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

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)(k), 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: Barbara Warsetsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Barbara Warsetsky

July 15, 96

Date

954-450-8899

Daytime Phone #

CR2E037 (3/96)