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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N50465 (6)

1. Corporation Name

EATING DISORDERS AWARENESS & PREVENTION, INC. -
FLORIDA



Principal Place of Business

Mailing Address

12173 PEMBROKE RD
PEMBROKE PINES FL 33025
US

12173 PEMBROKE RD
PEMBROKE PINES FL 33025-1727
US

2. Principal Place of Business

2a. Mailing Address

21 11480 W SAMPLE RD
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.
SAME

22 City & State
23 CORAL SPRING FL

27 City & State

24 Zip 33065 Country Broward

28 Zip Country

3. Date Incorporated or Qualified
08/17/1992

3a. Date of Last Report
08/05/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROTOPAPADAKIS, TEDDY
12173 PEMBROKE RD
SENIOR HEALTHCARE CTR
PEMBROKE PINES FL 33025

81 Name

PEGGY DEMARS

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

11480 W SAMPLE RD

83

84 City

CORAL SPRING

FL

85 Zip Code

33066

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

4/28/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME PROTOPAPADAKIS, TEDDY
STREET ADDRESS 12173 PEMBROKE ROAD
CITY-ST-ZIP PEMBROKE PINES FL 33025

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

11480 W SAMPLE RD
CORAL SPRING FL 33066

☒ Change ☐ Addition

TITLE TD ☐ DELETE

NAME WARSETSKY, BARBARA
STREET ADDRESS 12173 PEMBROKE PINE
CITY-ST-ZIP PEMBROKE PINES FL 33025

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE RSD ☐ DELETE

NAME DEMARS, PEGGY
STREET ADDRESS 12173 PEMBROKE ROAD
CITY-ST-ZIP PEMBROKE PINES FL 33025

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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 617, Florida Statutes; and that my name
appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

4/28/98

CP2E037 (9/96)