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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000005897 (0)

1. Corporation Name

EPOC FAMILY PLANNING CENTER, INC.



Principal Place of Business

Mailing Address

609 VIRGINIA AVE.
ORLANDO FL 32803

609 VIRGINIA AVE.
ORLANDO FL 32803

3. Date Incorporated or Qualified

10/17/1997

4. FEI Number

59-347 9624

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PENDERGRAFT, JAMES S
609 VIRGINIA AVE.
ORLANDO FL 32803

81 Name

James S. Pendergraft

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

James S. Pendergraft

James S. Pendergraft

3-26-98

Signature, typed or printed name of registered agent (if title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President, D

James S. Pendergraft IV

1103 Lucerne Terr

Orlando, FL 32806

D

Heidi Mullis

1103 Lucerne Terr

Orlando, FL 32806

D

Jennifer Goldman

609 Virginia Dr

Orlando, FL 32803

14. 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 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:

James S. Pendergraft

3-26-98

CR2E037 (10/97)