

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
95 MAY -1 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000024382 (2)

1. Corporation Name:

ESI SAN EMIDIO, INC.

Principal Place of Business:

**1400 CENTREPARK BLVD.
SUITE 600
WEST PALM BEACH FL 33401**

Mailing Address:

**1400 CENTREPARK BLVD.
SUITE 600
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1993

3a. Date of Last Report

03/23/1994

4. FEI Number

65-0403079

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

See Attached

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEON, J E
9250 WEST FLAGLER ST.
MIAMI FL 33174**

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 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

Signature of person named as registered agent and the corporation

Signature of person named as registered agent and the corporation

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DP

GELBER, LESUE J

1400 CENTREPARK BLVD, STE 600

W PALM BCH FL

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DT

BARNA, KENNETH G

1400 CENTREPARK BLVD, STE 600

W PALM BCH FL

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

DT

MCCRATH, ROBERT L

1400 CENTREPARK BLVD, STE 600

W PALM BEACH, FL

☒ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

S

CARPENTER, FRANCES M

1400 CENTREPARK BLVD, STE 600

W PALM BCH FL

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY, ST, ZIP

DV

CARPENTER, LARRY K

1400 CENTREPARK BLVD, STE 600

W PALM BEACH FL

☐ Change

☒ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY, ST, ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. CITY, ST, ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 131.01(3)(b), Florida Statutes. I further certify that the information provided 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 this corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name is specified in block 12 or block 13 of this report or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCES M. CARPENTER

3/28/95

407-687-4900

SECRETARY