

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA 32304
OFFICE OF THE SECRETARY OF STATE
CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

95 MAY 11 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045224 (1)

1. Corporation Name:

EPSILON CLINICS, INC.

6

2. Principal Place of Business:

**NO CORP. TAX
RETURN
FOR 1995**

3. Mailing Address:

**ATTENTION: TAX DEPARTMENT
P O BOX 15309
DURHAM NC 27704
US**

JAN

Do Not Write in This Space

3. Date Filed/Number of Filings	3a. Date of Last Report
06/25/1993	05/01/1994
4. FEI Number	Applied For
56-1827827	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Financing Fund Limit Contribution	\$5.00 May Be Added to Fees
☐	
8. This corporation has liability for late filing fee under 5-19P(1)(2) Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. 2400 E. Commercial Blvd.	26.
State App # 10	State App # 10
22. Ste. 213	27.
City & State	City & State
23. Ft. Lauderdale, FL	28.
24. 33308	25. USA
29.	30.

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERGER, JAMES L ESQ. 100 N.E. 3RD AVE. SUITE 400 FT. LAUDERDALE FL 33301	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 607.02(2) and 607.15(2) Florida Statutes, the above named corporation hereby, 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, hereby accept the appointment as registered agent, I am hereby authorized to accept the obligations of Sections 607.02(2) Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

AT

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 12)	
1. NAME	DVAS BIRCH, WALTER 3191 CORAL WAY, SUITE 805 MIAMI FL	1. NAME	☒ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	2400 E. Commercial Blvd. Ste. 315
3. CITY & STATE		3. CITY & STATE	Ft. Lauderdale, FL 33308
1. NAME	DST HARDISTER, SHAWN 3191 CORAL WAY, SUITE 805 MIAMI FL	1. NAME	☒ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
3. CITY & STATE		3. CITY & STATE	Ft. Lauderdale, FL 33308
1. NAME	P TOWNSEND, W L DOUGLAS 2828 CROASDALE DRIVE DURHAM NC	1. NAME	☒ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	Townsend, W.L. Douglas, Jr.
3. CITY & STATE		3. CITY & STATE	Durham
1. NAME	VAS PULLIAM, SHERRY 2828 CROASDALE DRIVE DURHAM NC	1. NAME	☒ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	2400 E. Commercial Blvd., Ste. 315
3. CITY & STATE		3. CITY & STATE	Ft. Lauderdale, FL 33308
1. NAME	VAS STEWART, RANDAL J 2828 CROASDALE DRIVE DURHAM NC	1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	
1. NAME		1. NAME	☐ Change ☐ Addition
2. STREET ADDRESS		2. STREET ADDRESS	
3. CITY & STATE		3. CITY & STATE	

14. I hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Sections 190.02(2)(b) Florida Statutes. I further certify that the information included on the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if it were made under oath by an officer or director of the corporation or the member or trustee responsible for filing this report as required by Chapter 190, Florida Statutes, and that my name appears in Block 13 of this filing, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy J. Stewart

Randy J. Stewart 4/28/95

919-383-0355