

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000045224 (1)

1. Corporation Name

EPSILON CLINICS, INC.



Principal Place of Business

2400 E. COMMERCIAL BLVD.
STE. 213
FT. LAUDERDALE FL 33308
US

Mailing Address

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

3. Date Incorporated or Qualified

06/25/1993

3a. Date of Last Report

05/01/1995

4. FET Number

56-1827927

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

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

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 607.0502 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 typed or printed name of registered agent

Printed Registered Agent signature required if changing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVAS ☐ DELETE
NAME BIRCH, WALTER
STREET ADDRESS 2400 E. COMMERCIAL BLVD., STE. 315
CITY-ST-ZIP FT. LAUDERDALE FL

1 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DST ☐ DELETE
NAME HARDISTER, SHAWN
STREET ADDRESS 2400 E. COMMERCIAL BLVD, STE. 315
CITY-ST-ZIP FT. LAUDERDALE FL

2 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME TOWNSEND, W.L. DOUGLAS J
STREET ADDRESS 2828 CROASDALE DRIVE
CITY-ST-ZIP DURHAM NC

3 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE VAS ☐ DELETE
NAME PULLIAM, SHERRY
STREET ADDRESS 2400 E. COMMERCIAL BLVD., STE. 315
CITY-ST-ZIP FT. LAUDERDALE FL

4 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE VAS ☐ DELETE
NAME STEWART, RANDAL J
STREET ADDRESS 2828 CROASDALE DRIVE
CITY-ST-ZIP DURHAM NC

5 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RANDAL J. STEWART

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

(919) 383-0355

CR2E034 (12/95)