Marie Marie Marie

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00** May 07 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # P93000045 **EPSILON CLINICS, INC.** JAN 6 1997 Principal Place of Business CHGI ATTENTION OR REPRESENTATION OF THE PARTMENT 2400 E. COMMERCIAL BLVD. STE. 213 P O BOX 15309 FT. LAUDERDALE FL 33308 **DURHAM NC 27704-0309** 3a. Date of Last Report 3. Date Incorporated or Qualified 06/25/1993 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 56-1827927 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt #, etc \$8,75 Additional  $\Box$ 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country  $Z_{\parallel}p$ Country 8. This corporation has tiability for intangible tax under s. 199.032 25 30 Yes X No 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 BERGER, JAMES L ESO. 100 N.E. 3RD AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **SUITE 400** 83 FT. LAUDERDALE FL 33301 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, 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 and tire if applicable (NO1E Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) DVAS DELETE Change Addition TITLE 1.1 DITLE **BIRCH, WALTER** NAME 1.2 NAME 2400 E. COMMERCIAL BLVD., STE. 315 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 1.4 CHY+ST-ZIP DELETE Change \_\_\_ Addition TITLE 2.1 TITLE HARDISTER, SHAWN NAME 2400 E. COMMERCIAL BLVD, STE. 315 STREET ADDRESS 2 3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2 4 CHY-ST-76 DELETE TITLE Change Addition 3.1 TITLE TOWNSEND, W.L. DOUGLAS J NAME 3.2 NAME 2828 CROASDAILE DRIVE STREET ADDRESS 3.3 STREET ADDRESS **DURHAM NO** CITY-ST-ZIP 3 4. C:TY-ST-ZIF DELETE Change Addition TITI F 4.1.1111.6 **PULLIAM, SHERRY** 4 2 NAME 2400 E. COMMERCIAL BLVD., STE. 315 STREET ADDRESS 4.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 4.4 CHTY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE STEWART, RANDAL J NAME 5.2 NAME 2828 CROASDAILE DRIVE STREET ADDRESS 5.3 STREET ADDRESS **DURHAM NC** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 H16 F

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 eath; that I am an officer or director of the corporation or the receive 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 attaument with an address.

6.2 NAME

6.3 STHEET ADDRESS