

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000076607 (7)

1. Corporation Name

ECS OF ARKANSAS, INC.



Principal Place of Business

1550 N.E. MIAMI GARDENS DR., STE. 504
N. MIAMI BEACH FL 33180

Mailing Address

1550 N.E. MIAMI GARDENS DR., STE. 504
N. MIAMI BEACH FL 33180

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/05/1995

3a. Date of Last Report

4. FEI Number

65-0616985

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

9. Name and Address of Current Registered Agent

SCHILLINGER, JEFFREY P
1550 N.E. MIAMI GARDENS DR., STE. 504
N. MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

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 in plain ink on the signature line.

NOTE: Registered Agent's name required when registering.

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP/T/D
JEFFREY P. SCHILLINGER
1550 N.E. MIAMI GARDENS DR., 504
NORTH MIAMI BEACH, FL 33179

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P/S/D
DAVID SCHILLINGER, M.D.
1550 N.E. MIAMI GARDENS DRIVE, #504
NORTH MIAMI BEACH, FL 33179

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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13.

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

☐ Change ☐ Addition

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***200.00

2/1/96

(305) 944-9990

SIGNATURE:

Jeffrey P. Schillinger

JEFFREY SCHILLINGER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)