PROFIT. CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000076607

1. Corporation Name

STREET ADDRESS

ECS OF ARKANSAS, INC.

| 3 |   |
|---|---|
|   | Principal Place of Business                   |
| i | 1001 IVES DAIRY RD                            |
|   | 1001 IVES DAIRY RD<br>N. MIAMI BEACH FL 33180 |
|   |   |

## May 03, 1999 8:00 am Secretary of State

05-03-1999 90021 039 \*\*\*150.00



| Į.   |   |                                  |                         |                         |  |                               |                    |  |
|--|---|----------------------------------|-------------------------|-------------------------|--|-------------------------------|--------------------|--|
| Principal Place  | e of Business   | Mailing Address                  |                         |                         | T 19831000 BAD FRANT WINE DAILS BROWN GRISS DA         | işi i <b>ndin</b> Belge Boşin | ANIEL INNI IRA     |  |
| 1001 IVES DAIF   |   | 1001 IVES DAIRY RD               |                         |                         |  |                               |                    |  |
| N. MIAMI BEAC  |   | N. MIAMI BEACH FL 33180          | ,                       |                         |  |                               |                    |  |
|  |   |                                  |                         |                         | DO NOT WRITE IN TH                                     | IS SPACE                      |                    |  |
|  | •   |                                  |                         |                         | 3, Date Incorporated or Qualifed                       |                               |                    |  |
| <u> </u>   |   |                                  | _                       |                         | 10/05/1995   | <del></del>                   |                    |  |
|  | lace of Business  | 2a. Mailing Address              |                         |                         | 4, FEI Number  |                               | plied For          |  |
| 21   |   | 26                               |                         |                         | 65-0616985   |                               | t Applicable       |  |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.              |                         |                         | 5, Certifcate of Status Desired                        | \$8.75 /                      | Additional equired |  |
| 22   | <u> </u>  | City & State                     |                         |                         |  | <del></del>                   |                    |  |
| City & Stat  | e   | City & State                     |                         |                         | 6. Election Campaign Financing Trust Fund Contribution | \$5.00<br>Added               | -                  |  |
| 23   | Country   | 28     Zip                       | Countr                  | ,                       | This corporation owes the current year                 |                               | 10 1 663           |  |
| Žip  | 25  | 29 30                            | _ ′                     | ,                       | Personal Property Tax.                                 | ∏ Yes                         | <b>12</b> 446      |  |
| 24   | 9. Name and Address of Current  |                                  | <u>'</u> L              |                         | 10. Name and Address of New Registers                  |                               |                    |  |
| }  | 9. Name and Address of Content  | registered Agent                 | 81                      | Name                    | 10. Name and Alexander of the Alexander                |                               |                    |  |
| STO  | CORPORATION SYSTEM  |                                  | _                       |                         |  |                               |                    |  |
| 1200   | SOUTH PINE ISLAND ROAD  |                                  | 82                      | Street Add              | ress (P.O. Box Number is Not Acceptable)               |                               | ]                  |  |
|  | NTATION FL 33324  |                                  | 83                      |                         |  |                               |                    |  |
| '  |   | •                                | 00                      |                         | _  |                               |                    |  |
| }  |   |                                  | 84                      | City                    | F  | 85 Zip                        | Code               |  |
| 44 Bumunt  | to the arguinians of Sections 607.0503  | and 607 1508 Florida Statutes    | the abov                | e-named corr            | poration submits this statement for the nurnose        | of changing its               | registered         |  |
| office or r  | egistered agent, or both, in the State of   | if Florida. Such change was auth | orized by               | the corporati           | on's board of directors. I hereby accept the app       | ointment as re                | gistered           |  |
| agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutés.  |   |                                  |                         |                         |  |                               |                    |  |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE |   |                                  |                         |                         |  |                               |                    |  |
| 12.  | Signature, typed or printed name of registered agent and title if applicable. (NOTE: R OFFICERS AND DIRECTORS |                                  | 13.                     | ric algridatoro roduire | ADDITIONS/CHANGES TO OFFICERS                          | AND DIRECTO                   | PRS IN 12          |  |
| TITLE  | DVP   | ☐ DELETE                         | 1.1 TITLE               |                         |  | ☐ Change                      | Addition           |  |
| NAME   | SCHILLINGER, JEFFREY  |                                  | 1,2 NAME                |                         |  |                               | ţ                  |  |
| STREET ADDRESS   | 1001 IVES DAIRY RD  |                                  |                         | T ADDRESS               |  |                               |                    |  |
| CITY-ST-ZIP  | N. MIAMI BEACH FL 33180   |                                  | 1.4 CITY-S              |                         |  |                               |                    |  |
| TITLE  | DP  | ☐ DELETE                         | 2.1 TITLE               | ))-ZII                  |  | ☐ Change                      | Addition           |  |
| NAME   | SCHILLINGER, DAVID M.D.   |                                  | 2.2 NAME                |                         |  |                               |                    |  |
| STREET ADDRESS   | 1001 IVES DAIRY RD  |                                  |                         | T ADDRESS .             |  |                               |                    |  |
|  | N. MIAMI BEACH FL 33180   |                                  | 2.4 CITY-               |                         |  |                               |                    |  |
| CITY-ST-ZIP  |   |                                  | 3.1 TITLE               | 51-AF                   |  | Change                        | Addition           |  |
| NAME   | WEGNER, ANITA S   |                                  | 3.2 NAME                | }                       |  |                               | _                  |  |
| STREET ADDRESS   | 2828 CROASDAILE DR  |                                  |                         | T ADDRESS               |  |                               |                    |  |
|  | DURHAM NC 27705   |                                  | 3.4. CITY-              |                         |  |                               |                    |  |
| CITY-ST-ZIP  | DO(1) 1/101 140 E(1/00  | □ DELETE                         | 4.1 TITLE               | 31-ZIP                  |  | ☐ Change                      | ☐ Addition         |  |
| }  |   | -1 DEFE-12                       | 4.1 181LE               | ļ                       |  | 90                            |                    |  |
| NAME   |   |                                  |                         |                         |  |                               |                    |  |
| STREET ADDRESS   |   |                                  |                         | T ADDRESS               |  |                               | }                  |  |
| CITY-ST-ZIP  |   | ☐ DELETE                         | 4.4 CITY-5              | T-ZIP                   |  | Change                        | ☐ Addition         |  |
| TITLE  |   | ☐ DELETE                         | 5.1 TITLE               |                         |  | □ cuands                      |                    |  |
| NAME   | }   |                                  | 5.2 NAME                | T ADDOCAC               |  |                               | }                  |  |
| STREET ADDRESS   |   |                                  |                         | T ADDRESS               |  |                               |                    |  |
| CITY-ST-ZIP  | <u> </u>  |                                  | 5.4 CITY-S<br>6.1 TITLE | i-ZIP                   |  | Chance                        | ☐ Addition         |  |
| , πητε   |   | ☐ DELETE                         |                         |                         |  | ☐ Change                      | Addition           |  |
| NAME   |   |                                  | 6.2 NAME                | 1                       |  |                               | 1                  |  |

CITY-ST-ZIP 14. I 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: Y