

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721887

Entity Name: EPILEPSY FOUNDATION OF FLORIDA, INC.**Current Principal Place of Business:**7300 N KENDALL DRIVE STE 760
MIAMI, FL 33156**Current Mailing Address:**7300 N KENDALL DRIVE STE 760
MIAMI, FL 33156 US**FEI Number:** 59-2164525**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**EGOZI, KAREN BASHA
7300 N KENDALL DRIVE STE 760
MIAMI, FL 33156 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** KAREN BASHA EGOZI

03/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	SCHALE, STEVE
Address	7300 NORTH KENDALL DRIVE SUITE 760
City-State-Zip:	MIAMI FL 33156
Title	P
Name	DEAN, PATRICIA
Address	7300 N KENDALL DRIVE STE 760
City-State-Zip:	MIAMI FL 33156
Title	M
Name	ACEVEDO, DANIEL
Address	7300 N KENDALL DRIVE STE 760
City-State-Zip:	MIAMI FL 33156

Title	SECRETARY
Name	WIDING, SARA
Address	7300 NORTH KENDALL DRIVE SUITE 760
City-State-Zip:	MIAMI FL 33156
Title	T
Name	NEWMYER, ARTHUR G.
Address	7300 N KENDALL DRIVE STE 760
City-State-Zip:	MIAMI FL 33156

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEAN , PATRICIA

ADMIN.

03/23/2018

Electronic Signature of Signing Officer/Director Detail

Date