

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721887

FILED
Jul 06, 2004
Secretary of State**Entity Name:** EPILEPSY FOUNDATION OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**7300 N. KENDALL DRIVE, #700
MIAMI, FL 33156**New Principal Place of Business:****Current Mailing Address:**7300 N. KENDALL DRIVE, #700
MIAMI, FL 33156**New Mailing Address:****FEI Number:** 59-2164525**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ZIRULRICK, JEFFREY
7300 N. KENDALL DR., #700
MIAMI, FL 33156 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEGINA, ANTHONY JR
Address: 401 NW 47 AVE
City-St-Zip: PLANTATION, FL 33317

Title: TD () Delete
Name: DEGINA, ANTHONY JR
Address: 401 NW 42 AVENUE
City-St-Zip: PLANTATION, FL 33317

Title: VT () Delete
Name: ROBINSON, MELINDA
Address: 11883 LAKESHORE PLACE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VT () Delete
Name: DEAN, PATRICIA
Address: 3100 SW 62 AVE
City-St-Zip: MIAMI, FL 33155

Title: VS (X) Delete
Name: BUTENTAS, BOLO
Address: 4231 SABLE RIDGE CIR.
City-St-Zip: WESTON, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FEIG, STEVE MR.
Address: FPD, 545 W. 18TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: PREL (X) Change () Addition
Name: DEAN, PAT MS.
Address: MCH, 3200 SW 62 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: VPTR (X) Change () Addition
Name: ROISMAN, REGAN MR.
Address: WEINBERT & CO., 6100 GLADES RD
City-St-Zip: BOCA RATON, FL 33434

Title: VPSE (X) Change () Addition
Name: HOLLOWAY, SUSAN MRS.
Address: 3209 WASHINGTON ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEVE FEIG

PRES

07/06/2004

Electronic Signature of Signing Officer or Director

Date