

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721887

FILED
Jan 19, 2005
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 (X)

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JEFFREY ZIRULNICK

XDIR

01/19/2005

Electronic Signature of Signing Officer or Director

Date