# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 05, 2012**
**Secretary of State**

DOCUMENT# 721887

**Entity Name:** EPILEPSY FOUNDATION OF FLORIDA, INC.

**Current Principal Place of Business:**

1200 N.W. 78TH AVE., STE 400
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

1200 N.W. 78TH AVE., STE 400
MIAMI, FL 33126

**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:**

BASHA-EGOZI, KAREN CEO
1200 NW 78TH AVE.
DORAL, FL 33126 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: P
Name: DEAN, PAT MS.
Address: MCH, 3200 SW 62 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: T
Name: GARCIA-CONCHESO, TARINA
Address: 445 SW 25TH ROAD
City-St-Zip: MIAMI, FL 33129

Title: S
Name: GREEN, NOVETTE
Address: PNPB 12959 PALMS WEST DRIVE STE 120
City-St-Zip: LOXAHATCHEE, FL 33470

Title: V
Name: NEWMYER, A.G III
Address: 2355 MARSEILLES DR
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM
Name: JONES, CHARLES
Address: 1909 S UNIVERSITY BLVD STE 802
City-St-Zip: JACKSONVILLE, FL 32216

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: KAREN EGOZI CEO 01/05/2012

Electronic Signature of Signing Officer or Director Date