FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723225 (9)

1. Corporation Name

EPILEPSY FOUNDATION OF FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
108 S. MONROE ST. STE 201 TALLAHASSEE FL 32301 US	108 S. MONROE ST. STE 201 TALLAHASSEE FL 32301 US

3. Date Incorporated or Qualified: 04/21/1972
3a. Date of Last Report: 05/19/1994
4. FEI Number: 59-1412441 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 304 N Meridian St.	26 304 N. Meridian St.
Suite, Apt. #, etc. 22 Suite 2	Suite, Apt. #, etc. 27 Suite 2
City & State 23 Tallahassee, FL	City & State 28 Tallahassee, FL
Zip / Country 24 32301 / 25 Leon	Zip / Country 29 32301 / 30 Leon

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PENN LAVAN T. 108 S. MONROE STREET STE 201 TALLAHASSEE FL 32301	81 Name: Janet Findling, Esq. 82 Street Address (P.O. Box Number is Not Acceptable): 1409 Wekewa Nene 83 84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Janet L. Findling (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	BATES EDRIC R.	12 NAME	Bates, Edric R.	
STREET ADDRESS	2526 NW 55TH BLVD.	13 STREET ADDRESS	2526 N.W. 55th Blvd.	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	Gainesville, FL 32656	
TITLE	S	21 TITLE	VP	☒ Change ☐ Addition
NAME	BERGER, BETH A	22 NAME	Mayer, Robert	
STREET ADDRESS	2424 MANATEE AVE., WEST 102	23 STREET ADDRESS	201 S. Biscayne Blvd., Suite 2400	
CITY-ST-ZIP	BRADENTON FL	24 CITY-ST-ZIP	Miami, FL 33131	
TITLE	D	31 TITLE	S	☐ Change ☒ Addition
NAME	MARTINEZ, WALTER	32 NAME	Griffin, Ann	
STREET ADDRESS	1500 N. DIXIE HWY. #206	33 STREET ADDRESS	1601 N.W. 8th Ave. c/o Dade Dialysis	
CITY-ST-ZIP	W. PALM BCH. FL	34 CITY-ST-ZIP	Miami, FL 33136	
TITLE	S	41 TITLE	T	☐ Change ☒ Addition
NAME	DEAN PAT	42 NAME	Saide, Joseph	
STREET ADDRESS	11304 SW 112TH CIRCLE LANE N.	43 STREET ADDRESS	12828 Calais Circle	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	PPD	51 TITLE	A.S.	☐ Change ☒ Addition
NAME	GOLD SCOTT	52 NAME	Evanchyk, Merle	
STREET ADDRESS	1317 OAK ST.	53 STREET ADDRESS	701 E. Hilcrest St.	
CITY-ST-ZIP	MELBOURE FL	54 CITY-ST-ZIP	Orlando, Fl 32803	
TITLE	T	61 TITLE	PP	☒ Change ☐ Addition
NAME	MAYER ROBERT	62 NAME	Gold, Scott, M.D.	
STREET ADDRESS	201 S. BISCAYNE BLVD., SUITE 2400	63 STREET ADDRESS	1317 Oak Street	
CITY-ST-ZIP	MIAMI FL 33131	64 CITY-ST-ZIP	Melbourne, FL 32951	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Merle E. Evanchyk (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: 4/28/95 Daytime Phone #: 904-229-4850

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Additional Names of Trustees

T
Patricia Mullaney
P.O. Box 290995
Port Orange, FL 32129

T
Walter C. Martinez, M.D.
c/o Palm Beach Neurological Group
5205 Greenwood Avenue, Suite 200
West Palm Beach, FL 33407

T
William Turk, M.D.
c/o The Nemours Childrens Clinic
P.O. Box 5720
Jacksonville, FL 32247