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 APR -4 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 723676 (3)

1. Corporation Name

EPILEPSY ASSOCIATION OF THE PALM BEACHES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5730 CORPORATE WAY SUITE 220 W. PALM BEACH FL 33407 US	5730 CORPORATE WAY SUITE 220 W. PALM BEACH FL 33407 US

3. Date Incorporated or Qualified: 06/15/1972
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-1524994 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BROWN, SUSAN W.
5730 CORPORATE WAY
SUITE 220
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PID	☒ Change ☐ Addition
NAME	GLENNEY, DARYL MS.	1.2 NAME	Joseph Saide	
STREET ADDRESS	296 BARCELONA ROAD	1.3 STREET ADDRESS	12838 Calais Cir.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, WALTER M.D.	2.2 NAME		
STREET ADDRESS	5205 GREENWOOD AVE. SUITE 200	2.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH. FL 33407	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VID	☒ Change ☐ Addition
NAME	MOONEY, ROBERT	3.2 NAME	Kathy Carmody	
STREET ADDRESS	11348 BRIARWOOD PLACE	3.3 STREET ADDRESS	2444 Metrocentre Blvd.	
CITY-ST-ZIP	N. PALM BCH. FL	3.4 CITY-ST-ZIP	W. Palm Beach, FL 33407	
TITLE	SD	4.1 TITLE	SID	☒ Change ☐ Addition
NAME	CARMODY, KATHY	4.2 NAME	Paul Napenick	
STREET ADDRESS	2444 METROCENTERE BLVD.	4.3 STREET ADDRESS	1161 Holland Drive	
CITY-ST-ZIP	W. PALM BCH. FL 33407	4.4 CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	HOPPMAN, ROBERT	5.2 NAME		
STREET ADDRESS	2135 S CONGRESS AVE 1C	5.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH FL 33406	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated 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: [signature] Treas 3-16-95 (407) 968-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR1070