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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 723676

(3)

EPILEPSY ASSOCIATION OF THE PALM BEACHES, INC.

Suite, Apil. #, etc. Suite, Apil. #, etc. 27						
SUITE 220 W. PALM BEACH FL 33407 US SUITE 220 W. PALM BEACH FL 33407 US 3. Date incorporated or Qualified 06/15/1972 2. Principal Place of Business 2. Amaling Address 2. Principal Place of Business 2. Amaling Address 2. Principal Place of Business 2. Amaling Address 3. FEI Number 59-1524994 Not Applied For Not Applied For Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 3. City & State 3. Country 3. Country 3. Country 4. File Number 59-1524994 Not Applied For Not Applie	Principal Place of Business Mailing Address				1 100194 19810 11800 91110 81111 188	IN Afte Bandi bidis Bilbet Bidis Asbai DiAtt INDI
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28 28 Trust Fund Contribution Added to Fees Addition Addition	22				Continuate of Status Desired	Fee Required
Zip Country Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		e	— ·			5.00 May Be
Post Palm Beach Page Palm Beach Palm Palm Beach Palm Pal		Country				Acced to rees
BROWN, SUSAN W. 5730 CORPORATE WAY SUITE 220 WEST PALM BEACH FL 33407 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 charge was authorized by the corporation's board of directors. I hereby accept the obligations of Sections 617.0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SAIDE, JOSEPH SAIDE, JOSEPH SAIDE, JOSEPH SAIDE, JOSEPH SAIDE, JOSEPH 12 NAME SAIDE, JOSEPH SAIDE, JOSEPH SAIDE, JOSEPH 13 STREET ADDRESS 12828 CALAIS CIR. PALM BEACH GARDENS FL MARTINEZ, WALTER M.D. SIREET ADDRESS SIGNATURE VD MARTINEZ, WALTER M.D. SIREET ADDRESS SIGNATURE SIREET ADDRESS SIGNATURE VD MARTINEZ, WALTER M.D. SIREET ADDRESS SIGNATURE SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS	·	— ·	— ·			_ • ·
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ST30 CORPORATE WAY SUITE 220 WEST PALM BEACH FL 33407 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 eigent. I am familiar with, and accept the objection of 17.0502, Florida Statutes. SIGNATURE Signature PD DELETE 11. TITLE PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INTEL PALM BEACH GARDENS FL 12. NAME Carol Ann Devine 13. TREET ADDRESS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PALM BEACH GARDENS FL 14. City West Palm Beach, PL 84 City West Palm Beach, PL 85 Zip Code 33.40.7 West Palm Beach, PL 85 Zip Code 33.40.7 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar to the purpose of changing its registered office or registered agent. I am familiar to the purpose of changing its registered office or registered agent. I am familiar to the purpose of changing its registered office or registered agent. I am familiar to the purpose of changing its registered office or registered agent. I am familiar to the purpose of changing its registered office or registered office or registered office or registered agent. I am familiar to the purpose of changing its registered office or registered offi	RROWA	W MASHS 1			Kathy Carmody	
West Palm Beach, FL State Palm Beach				82 Street		
WEST PALM BEACH FL 33407 West Palm Beach, FL				83	3730 COIPOLATE WA	y Suite 220
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 familier with, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE Signature Signature Signature Signature Signature PD Sig					West Palm Beach,	F L
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, 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 617,0503, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IIILE PD SIDELETE 11. TITLE PRESIDENT Carol Ann Devine 1.3. STREET ADDRESS 1.3. SADE, JOSEPH 1.3. STREET ADDRESS 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Addition Addition Addition Addition Addition AMAE SAIDE, JOSEPH 1.3. STREET ADDRESS 1.3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President Carol Ann Devine 1.3. STREET ADDRESS 4.7.3 Woodside Drive Nest Palm Beach, FL 33415 THEE VD NAME MARTINEZ, WALTER M.D. SIREET ADDRESS SUMME SIREET ADDRESS SOURCE Registered agent, I am beach, I am point agent agent. I am point agent agent. I am point a	WEST	ALM BEACH PE 3340/		84 City	Wood Dalm Booch	85 Zip Code
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12.		d College Obligations of Sect	nort of the costs, Florida Statutes.		Q	VIE loc
12.	SIGNATURE	Signature, yped or printed native of registered ugent	NOTE:	Registered Agent signature in	equired when reinstating)	710,146
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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)(b), Florida Statutes. I further		by certify that the information supplied v	with this filing is voluntarily furnish	ed and does not gue	lify for the exemption stated in Section 119	07(3)/k) Florida Stati tee 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:

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