

FILE NOW: FILING FEE IS \$61.25

FILED

May 02 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 1 Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723676** (3)

1. Corporation Name

EPILEPSY ASSOCIATION OF THE PALM BEACHES, INC.



Principal Place of Business 5730 CORPORATE WAY SUITE 220 W. PALM BEACH FL 33407 US	Mailing Address 5730 CORPORATE WAY SUITE 220 W. PALM BEACH FL 33407-2032 US
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3. Date Incorporated or Qualified 06/15/1972	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-1524994	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARMODY, KATHY 5730 CORPORATE WAY SUITE 220 WEST PALM BEACH FL 33407	
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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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEVINE, CAROL ANN		1.2 NAME Devine, Carol Ann	
STREET ADDRESS 473 WOODSIDE DRIVE		1.3 STREET ADDRESS 473 Woodside Drive	
CITY-ST-ZIP WEST PALM BEACH FL		1.4 CITY-ST-ZIP West Palm Beach, FL	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, WALTER M.D.		2.2 NAME Martinez, Walter, M.D.	
STREET ADDRESS 5205 GREENWOOD AVE. SUITE 200		2.3 STREET ADDRESS 5205 Greenwood Ave. #200	
CITY-ST-ZIP W. PALM BCH. FL 33407		2.4 CITY-ST-ZIP West Palm Beach, FL 33407	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOONEY, ROBERT		3.2 NAME Mooney, Robert	
STREET ADDRESS 11473 RIVERWOOD PLACE		3.3 STREET ADDRESS 11473 Riverwood Place	
CITY-ST-ZIP NORTH PLAM BEACH FL		3.4 CITY-ST-ZIP North Palm Beach, FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE XXX D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NAPONICK, PAUL		4.2 NAME Thomas Martin	
STREET ADDRESS 1161 HOLLAND DRIVE		4.3 STREET ADDRESS 603 Village Boulevard	
CITY-ST-ZIP BOCA RATON FL		4.4 CITY-ST-ZIP West Palm Beach, FL 33409	
TITLE TD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **THOMAS D. MARTIN** 3/28/97 561-687-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040461

CR2E037 (9/96)