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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723676** (3)
1. Corporation Name
EPILEPSY FOUNDATION OF EASTERN FLORIDA, 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 US
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3. Date Incorporated or Qualified 06/15/1972	
4. FEI Number 59-1524994	Applied For <input type="checkbox"/> Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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**

10. Name and Address of New Registered Agent	
81 Name Alexa W. Radd	
82 Street Address (P.O. Box Number Is Not Acceptable) 5730 Corporate Way Suite 220	
83 West Palm Beach, FL 33407-2032	
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 *Alexa W. Radd* **Alexa W. Radd** DATE **1/28/98**

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

12. OFFICERS AND DIRECTORS	
TITLE D	<input type="checkbox"/> DELETE
NAME DEVINE, CAROL ANN	
STREET ADDRESS 473 WOODSIDE DRIVE	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MARTINEZ, WALTER M.D.	
STREET ADDRESS 5205 GREENWOOD AVE. SUITE 200	
CITY-ST-ZIP W. PALM BCH. FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MOONEY, ROBERT	
STREET ADDRESS 11473 RIVERWOOD PLACE	
CITY-ST-ZIP NORTH PALM BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MARTIN, THOMAS	
STREET ADDRESS 603 VILLAGE BLVD.	
CITY-ST-ZIP WEST PALM BEACH FL	
TITLE D	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
5.2 NAME Robinson, Melinda	
5.3 STREET ADDRESS 11883 Lakeshore Place	
5.4 CITY-ST-ZIP North Palm Beach, FL 33408	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Melinda Robinson* **Melinda Robinson** DATE **1/28/98** DAYTIME PHONE # **561-478-6515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)