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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 723676

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/15/1972 4. FEI Number 59-1524994 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

RADD, ALEXA W
5730 CORPORATE WAY
STE 220
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

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

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 Radd, Executive Director** 3/11/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVINE, CAROL ANN	1.2 NAME	
STREET ADDRESS	473 WOODSIDE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONEY, ROBERT	3.2 NAME	
STREET ADDRESS	11473 RIVERWOOD PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PLAM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, THOMAS	4.2 NAME	Martin, Thomas
STREET ADDRESS	600 VILLAGE BLVD.	4.3 STREET ADDRESS	2000 Palm Beach Lakes Blvd.
CITY-ST-ZIP	WEST PALM BEACH FL	4.4 CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, MELINDA	5.2 NAME	
STREET ADDRESS	11883 LAKESHORE PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	NOTH PALM BCH FL 33408	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Young, Ronald
STREET ADDRESS		6.3 STREET ADDRESS	7020 Half Moon Circle #302
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hypoluxo, FL 33462

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, with all other like empowered.

SIGNATURE: Thomas Martin **Thomas Martin** 3/11/99 478-6515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)