NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State

DOCUMENT # 723676 1. Entity Name					03-21-2002	91233	5 032 ****70.00
Epilepsy Foundation of Eastern Florida							. =
DO NOT WRITE	IN THIS SI	PAC	E				
2. Principal Place of Business	3. Mailing Address			1			
3233 Commerce Place Same				1	20 1127 1127 11		
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN	N THIS S	PACE
STE C City & State City & State				4. FEI Number _	0.450400		Applied For
West Palm Beach, FL	t Palm Beach, FL			5	9-152499		Not Applicable
Zip Country 33407 USA	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
33407 = 1 OOR	-			7. Name and Addre	ss of Current Rec	gistered	Agent
			Name Pari	tricia Mo	T.aughlir	n	
UU NUI VVKI E Street Address				tricia McLaughlin (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				33 Commer	ce Place	s	te C
in title of	.UL						Tin Code
			^{City} West	Palm Bea	ch	FL	Zip Code 33407
8. The above period entity submits this statement for t	he purpose of changing its	registere	ed office or register	red agent, or both, in	the state of Florida) .	
SIGNATURE Tahiola Mulau Signature, typed or printed name of registered agent ape			ia McLa		• • • •	DATE	/30/02
FEE IS \$61.25	9. Election Can	npaign F	· -	\$5.00 May Be		***************************************	Payable to t of State
Initial or Amended UBR	Trust Fund C	Contributi	on.	Added to Fees	Dep	artmen	
Initial or Amended UBR 10. OFFICERS AND DIRE		Contributi	on. U	Added to Fees	Dep.	artmen	
10. OFFICERS AND DIRE	CTORS	ma		Added to Fees	Dep	artmen	
10. OFFICERS AND DIRE TITLE DEFEN: NAME Karen A. Buchsb	ctors	TITLE HAMA STOR	229GCA1	Added to Fees	Вер	artmen	
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indicated on this report or supplemental 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 perhaps receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

MCOM COLUMN PATRICIA
SIGNATURE AND TYPED OR PRINTED MANG OF SIGNING OFFICER OR DIRECTOR McLaughlin 4/30/02 <u>561</u> <u>478-651</u> 5 Daytime Phone 7