


FILED
Feb 02, 2004 08:00 AM
Secretary of State

| | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|--|
| DOCUMENT # 723676 1. Entity Name EPILEPSY FOUNDATION OF EASTERN FLORIDA, INC. | |  | | Feb 02, 2004 08:00 AM Secretary of State | |
| Principal Place of Business 3233 COMMERCE PLACE C WEST PALM BEACH, FL 33407 US | | Mailing Address 3233 COMMERCE PLACE C WEST PALM BEACH, FL 33407 US | |  | |
| DO NOT WRITE IN THIS SPACE | | | | 01122004 No Chg-NP CR2E037 (10/03) | |
| | | | | 4. FEI Number 59-1524994 Applied For Not Applicable | |
| DO NOT WRITE IN THIS SPACE | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | | |
| 6. Name and Address of Current Registered Agent MCLAUGHLIN, PATRICIA 3233 COMMERCE PLACE SUITE C WEST PALM BEACH, FL 33407 | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | |  DO NOT WRITE IN THIS SPACE | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEGINA, ANTHONY M JR 401 N W 42ND AVENUE PLANTATION, FL 33317 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBINSON, MELINDA 11883 LAKESHORE PLACE NORTH PALM BEACH, FL 33408 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DEAN, PATRICIA MSN 3100 S W 62ND AVENUE MIAMI, FL 33155 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GUTENTAG, BOB 4231 SABLE RIDGE CIRCLE WESTON, FL 33331 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Patricia McLaughlin</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 1/30/04 | | 561 478 6515 | |