

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723676

FILED
Jan 09, 2006
Secretary of State

Entity Name: EPILEPSY FOUNDATION OF EASTERN FLORIDA, INC.

Current Principal Place of Business:

3233 COMMERCE PLACE
C
WEST PALM BEACH, FL 33407 US

Current Mailing Address:

3233 COMMERCE PLACE
C
WEST PALM BEACH, FL 33407 US

New Principal Place of Business:

3222 COMMERCE PLACE
SUITE B
WEST PALM BEACH, FL 33407 US

New Mailing Address:

3222 COMMERCE PLACE
SUITE B
WEST PALM BEACH, FL 33407 US

FEI Number: 59-1524994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCLAUGHLIN, PATRICIA
3233 COMMERCE PLACE
SUITE C
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

PHILLIPS, MARIE
3222 COMMERCE PLACE
SUITE B
WEST PALM BEACH, FL 33407 US

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.

SIGNATURE: MARIE PHILLIPS

01/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FEIG, STEVEN
Address: 545 W. 18TH STREET
City-St-Zip: HIALEAH, FL 33010

Title: D () Delete
Name: DEAN, MSN/ARNP, PATRICIA
Address: 3100 S W 62ND AVENUE
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: HOLLOWAY, SUSAN L
Address: 3209 WASHINGTON ROAD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: ROISMAN, REGAN
Address: 8211 W BROWARD BLVD, STE 340
City-St-Zip: FT. LAUDERDALE, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA DEAN

D

01/09/2006

Electronic Signature of Signing Officer or Director

Date