

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723676

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** EPILEPSY FOUNDATION OF EASTERN FLORIDA, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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

O

01/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date