FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:39

DOCUMENT # N93000002352 (3)

1. Corporation Name
EPILEPSY SERVICES OF BROWARD, INC.

Principal Place of Business	Mailing Address
[redacted] 512 N.E. THIRD AVE. FT. LAUDERDALE FL 33301	[redacted] 512 N.E. THIRD AVE. FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1993
3a. Date of Last Report: 03/18/1994
4. FEI Number: 65-0414041 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MAYER, ROBERT M
201 S BISCAYNE BLVD
SUIE 2400
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: JAMES K. HAMBLIN
82 Street Address (P.O. Box Number is Not Acceptable): 512 N.E. THIRD AVENUE
83
84 City: FT. LAUDERDALE FL 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: James K Hamblin 2/10/95
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	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	APPLEBY, LINDA K	1.2 NAME	COLLIER, DOUG	
STREET ADDRESS	500 E BROWARD BLVD 17 FLOOR	1.3 STREET ADDRESS	4875 N. FEDERAL HIGHWAY	
CITY-ST-ZIP	FT LAUDERDALE FL 3394	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	PHILLIPS, REGINALD C	2.2 NAME	PANISCH, ROBERT M., ESQUIRE	
STREET ADDRESS	3000 W CYPRESS CREEK RD	2.3 STREET ADDRESS	2092 N. UNIVERSITY DRIVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	SUNRISE, FL	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	PANISCH, ROBERT M	3.2 NAME	EPSTEIN, MARK, M.D.	
STREET ADDRESS	2092 N UNIVERSITY DR	3.3 STREET ADDRESS	10167 N.W. 31 ST., STE. 201	
CITY-ST-ZIP	SUNRISE FL 33322	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	KRITSCH, F. DANIEL L	4.2 NAME		
STREET ADDRESS	50 E. SAMPLE	4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	ED	☒ Change ☐ Addition
NAME	MAYER, ROBERT M	5.2 NAME	HAMBLIN, JAMES K.	
STREET ADDRESS	325 SUNSET DR #D	5.3 STREET ADDRESS	512 N.E. THIRD AVE.	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: James K Hamblin 2/10/95 (305) 779-1509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000021