

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000002352 (3)**

1. Corporation Name

**EPILEPSY SERVICES OF BROWARD, INC.**



Principal Place of Business

Mailing Address

512 NE THIRD AVE  
FT. LAUDERDALE FL 33301  
US

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FT. LAUDERDALE FL 33301  
US

3. Date Incorporated or Qualified  
**05/21/1993**

3a. Date of Last Report  
**02/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMBLIN, JAMES K.  
512 NE THIRD AVE  
MIAMI FL 33301

81 Name

**WENDY A. STEPHENS**

82 Street Address (P.O. Box Number is Not Acceptable)

**512 NE THIRD AVE**

83

84 City

**FT. LAUDERDALE**

**FL**

85 Zip Code  
**33301**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Wendy A. Stephens*

**WENDY A. STEPHENS**

**4/11/96**

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME COLLIER, DOUG  
STREET ADDRESS 4875 N. FEDERAL HWY  
CITY-ST-ZIP FT LAUDERDALE FL ☒ DELETE

TITLE VD  
NAME PANISCH, ROBERT M. ESQ.  
STREET ADDRESS 2092 N. UNIVERSITY DR.  
CITY-ST-ZIP SUNRISE FL ☒ DELETE

TITLE SD  
NAME EPSTEIN, MARK M  
STREET ADDRESS 10167 NW 31 ST STE 201  
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

TITLE TD  
NAME KRITSCH, F. DANIEL L.  
STREET ADDRESS 50 E. SAMPLE  
CITY-ST-ZIP POMPANO BEACH FL ☒ DELETE

TITLE ED  
NAME HAMBLIN, JAMES K.  
STREET ADDRESS 512 NE THIRD AVE  
CITY-ST-ZIP FT. LAUDERDALE FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME STROKER, GEORGE L.  
1.3 STREET ADDRESS 150 S. Pine Island Road  
1.4 CITY-ST-ZIP Plantation, FL 33324 ☒ Change ☒ Addition

2.1 TITLE VD  
2.2 NAME KROHN, MEL DR.  
2.3 STREET ADDRESS 7500 NW 5 Street  
2.4 CITY-ST-ZIP Plantation, FL 33317 ☒ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE TD  
4.2 NAME DANIELS, ANDREW E.  
4.3 STREET ADDRESS 110 E. Broward Blvd.  
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301 ☒ Change ☒ Addition

5.1 TITLE ED  
5.2 NAME WENDY A. STEPHENS  
5.3 STREET ADDRESS 512 NE Third Avenue  
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301 ☒ Change ☒ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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: *Wendy A. Stephens* **WENDY A. STEPHENS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/96**

**(954) 779-1509**

Date: Daytime Phone #

CR2E037 (12/95)