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Apr 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
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

512 NE THIRD AVE
FT. LAUDERDALE FL 33301-3236
US

3. Date Incorporated or Qualified
05/21/1993

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip 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

WENDY A. STAPHENS
512 NE THIRD AVE.
FT. LAUDERDALE FL 33301

81 Name Jacqueline M. Johnson

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 617.0502 and 617.1503, 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 *Jacqueline M. Johnson* Jacqueline M. Johnson

4/14/97

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 ☒ DELETE
NAME STROKER, GEORGE L.
STREET ADDRESS 150 S. PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Krohn, Mel Dr.
1.3 STREET ADDRESS 7500 N. W. 5 Street
1.4 CITY-ST-ZIP Plantation, FL 33317

TITLE VD ☒ DELETE
NAME KROHN, MEL DR.
STREET ADDRESS 7500 NW 5TH ST.
CITY-ST-ZIP PLANTATION FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

TITLE TD ☐ DELETE
NAME DANIELS, ANDREW E.
STREET ADDRESS 110 E. BROWARD BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ED ☒ DELETE
NAME WENDY STEPHENS
STREET ADDRESS 512 NE THIRD AVE
CITY-ST-ZIP FT. LAUDERDALE FL

5.1 TITLE ED ☒ Change ☐ Addition
5.2 NAME Jacqueline M. Johnson
5.3 STREET ADDRESS 512 N. E. Third Avenue
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing 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 *Jacqueline M. Johnson* Jacqueline M. Johnson 4/25/97 954 779-1509

CR2E037 (9/96)