

5/15/

FILED**Jun 19, 2001 8:00 am**
Secretary of State

05-15-2001 90155 033 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N93000002352**

1. Entity Name

EPILEPSY SERVICES OF BROWARD, INC.

Principal Place of Business

512 NE THIRD AVE
FT. LAUDERDALE FL 33301
US

Mailing Address

512 NE THIRD AVE
FT. LAUDERDALE FL 33301
US

7829



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0414041		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State					
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SURAN, LAWRENCE A 7300 N KENDALL DR MIAMI FL 33156				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL Zip Code			

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	Treasurer	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUSTER, CASTIGLIA A			NAME	Anthony Decina, JR.		
STREET ADDRESS	1801 SW 1ST ST.			STREET ADDRESS	401 NW 42 Ave		
CITY-ST-ZIP	MIAMI FL 33135			CITY-ST-ZIP	Plantation, FL 33317		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	Secretary	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, RICHARD M			NAME	Nancy Watkins		
STREET ADDRESS	4788 NW 98TH LN.			STREET ADDRESS	2575 Poinciana Ave		
CITY-ST-ZIP	CORAL SPRINGS FL 33078			CITY-ST-ZIP	Coconut Grove, FL 33133		
TITLE	VP PRESIDENT	<input type="checkbox"/> Delete		TITLE	PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUCHSBAUM, KAREN A			NAME			
STREET ADDRESS	2701 PONCE DE LEON BLVD. #300			STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	Vice President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEW, ROBERT			NAME	Steven Feig		
STREET ADDRESS	11414 N. BATSIDE DR.			STREET ADDRESS	545 W 13 Street		
CITY-ST-ZIP	N. MIAMI FL 33181			CITY-ST-ZIP	Hialeah, FL 33010		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 (305) 6704949

CR2E037 (10/00)