

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002352

FILED
Jul 06, 2004
Secretary of State**Entity Name:** EPILEPSY SERVICES OF BROWARD, INC.**Current Principal Place of Business:**512 NE THIRD AVE
FT. LAUDERDALE, FL 33301 US**New Principal Place of Business:****Current Mailing Address:**512 NE THIRD AVE
FT. LAUDERDALE, FL 33301 US**New Mailing Address:****FEI Number:** 65-0414041 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**ZIRUNICK, JEFFREY
7300 N KENDALL DR #700
MIAMI, FL 33156 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:** PD () Delete
Name: DEGINA, ANTHONY JR.
Address: 401 NW 42ND AVENUE
City-St-Zip: PLANTATION, FL 33317**Title:** PED () Delete
Name: ROBINSON, MELINDA
Address: 11883 LAKESHORE PLACE
City-St-Zip: NORTH PALM BEACH, FL 33408**Title:** VPTD () Delete
Name: DEAN, PATRICIA
Address: MIAMI CHILDREN'S HOSPITAL, 3100 SW 62 AVE
City-St-Zip: MIAMI, FL 33155**Title:** VPSD () Delete
Name: BUTENTAG, BOB
Address: 4231 SABLE RIDGE CIR.
City-St-Zip: WESTON, FL 33321**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PRES (X) Change () Addition
Name: FEIG, STEVE MR.
Address: FPD, 545 W 18 STREET
City-St-Zip: HIALEAH, FL 33010**Title:** PREL (X) Change () Addition
Name: DEAN, PAT MS
Address: MIA. CHILDREN'S HOSP., 3100 SW 62 AV
City-St-Zip: MIAMI, FL 33155**Title:** VPTR (X) Change () Addition
Name: ROISMAN, REGAN MR.
Address: WEINBERG & CO., 6100 GLADES RD
City-St-Zip: BOCA RATON, FL 33434**Title:** VPSE (X) Change () Addition
Name: HOLLOWAY, SUSAN MRS.
Address: 3209 WASHINGTON RD.
City-St-Zip: WEST PALM BEACH, FL 33405

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVE FEIG

PRES

07/06/2004

Electronic Signature of Signing Officer or Director

Date