

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002352

FILED
Jan 05, 2005
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 ()

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: PRES () Delete
Name: FEIG, STEVE MR.
Address: FPD, 545 W 18 STREET
City-St-Zip: HIALEAH, FL 33010

Title: PREL () Delete
Name: DEAN, PAT MS
Address: MIA. CHILDREN'S HOSP., 3100 SW 62 AV
City-St-Zip: MIAMI, FL 33155

Title: VPTR () Delete
Name: ROISMAN, REGAN MR.
Address: WEINBERG & CO., 6100 GLADES RD
City-St-Zip: BOCA RATON, FL 33434

Title: VPSE () Delete
Name: HOLLOWAY, SUSAN MRS.
Address: 3209 WASHINGTON RD.
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVEN FEIG

PRES

01/05/2005

Electronic Signature of Signing Officer or Director

Date