

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90018 047 \*\*\*\*70.00

<b>DOCUMENT # N93000002352</b>					
<b>1. Entity Name</b> EPILEPSY SERVICES OF BROWARD, INC.					
<b>Principal Place of Business</b> 512 NE THIRD AVE FT. LAUDERDALE, FL 33301 US			<b>Mailing Address</b> 512 NE THIRD AVE FT. LAUDERDALE, FL 33301 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04072008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 65-0414041				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
EGOZI, KAREN B 7300 N KENDALL DR. SUITE 700 MIAMI, FL 33156			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> FEIG, STEVE MR. <b>STREET ADDRESS</b> FPD, 545 W 18 STREET <b>CITY-ST-ZIP</b> HIALEAH, FL 33010	<input checked="" type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> DEAN, PAT MS <b>STREET ADDRESS</b> MIA. CHILDREN'S HOSP., 3100 SW 62 AV <b>CITY-ST-ZIP</b> MIAMI, FL 33155	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> HOLLOWAY, SUSAN MRS. <b>STREET ADDRESS</b> 3209 WASHINGTON RD. <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33405	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SECRETARY <b>NAME</b> Michelle Kightley <b>STREET ADDRESS</b> 6850 SW 48TH STREET <b>CITY-ST-ZIP</b> MIAMI, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> NEWMYER, A.G. III <b>STREET ADDRESS</b> 2355 MARSEILLES DR <b>CITY-ST-ZIP</b> PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> TREASURER <b>NAME</b> LEN CRAMER <b>STREET ADDRESS</b> 3732 WOODFIELD COURT <b>CITY-ST-ZIP</b> COCONUT CREEK, FL 33073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> MEMBER AT LARGE <b>NAME</b> CHARLES JONES <b>STREET ADDRESS</b> 1909 S. UNIVERSITY BLVD., STE 802 <b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> _____ <b>KAREN EGOZI</b> / EXECUTIVE DIRECTOR 4-7-08 305-670-4949 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					