

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90030 024 \*\*\*\*70.00

**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0414041**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**SURAN, LAWRENCE A  
7300 N KENDALL DR  
MIAMI FL 33156**

7. Name and Address of New Registered Agent

Name **ZIGULNICK, JEFFREY**

Street Address (P.O. Box Number is Not Acceptable)

**7300 N. KENDALL DRIVE #100**

City

**Miami**

**FL**

Zip Code

**33156**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**1/29/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete  
NAME **DECYNA, ANTHONY JR**  
STREET ADDRESS **401 NW 42ND AVENUE**  
CITY-ST-ZIP **PLANTATION FL 33317**

TITLE **SD** ☒ Delete  
NAME **WATKINS, NANCY**  
STREET ADDRESS **3575 POINCIANA AVENUE**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE **PD** ☒ Delete  
NAME **BUCHSBAUM, KAREN A**  
STREET ADDRESS **2701 PONCE DE LEON BLVD. #300**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **VPD** ☒ Delete  
NAME **FEIG, STEVEN**  
STREET ADDRESS **545 W 18TH STREET**  
CITY-ST-ZIP **HALEAH FL 33010**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **DECYNA, JR. ANTHONY (D.)**  
STREET ADDRESS **401 NW 42 AVE.**  
CITY-ST-ZIP **PLANTATION, FL 33317**

TITLE **PRESIDENT - ELECT** ☐ Change ☒ Addition  
NAME **ROBINSON, MELINDA (D.)**  
STREET ADDRESS **11833 LAKESHORE PLACE**  
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **V.P. - TREASURER** ☐ Change ☒ Addition  
NAME **DEAN, PATRICIA**  
STREET ADDRESS **MIAMI CHILDREN'S HOSPITAL**  
CITY-ST-ZIP **3100 SW 62 AVE MIAMI, FL 33155**

TITLE **V.P. - SECRETARY** ☐ Change ☒ Addition  
NAME **BOB AUTENTAG**  
STREET ADDRESS **4231 SABLE RIDGE CIRCLE**  
CITY-ST-ZIP **WESTON, FL 33331**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/29/03**

Date

**305.670.4949**

Phone

CR2E037 (10/02)