

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 4: 06

DOCUMENT # N94000003208 (5)

1. Corporation Name

EPILEPSY SERVICES OF SOUTHEAST FLORIDA, INC.

Principal Place of Business

**5730 CORPORATE WAY
SUITE 220
WEST PALM BEACH FL 33407**

Mailing Address

**5730 CORPORATE WAY
SUITE 220
WEST PALM BEACH FL 33407**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1994

3a. Date of Last Report

4. FEI Number

65-0502630

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip

25
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip

30
Country

9. Name and Address of Current Registered Agent

**BROWN, SUSAN
5730 CORPORATE WAY
SUITE 220
WEST PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SAIDE, JOSEPH
STREET ADDRESS 12828 CALAIS CIR
CITY - ST - ZIP PALM BEACH GARDENS FL 33410

TITLE D
NAME NAPONICK, PAUL M
STREET ADDRESS 4800 N FEDERAL HWY SUITE 301-A
CITY - ST - ZIP BOCA RATON FL 33431

TITLE D
NAME HOPPMANN, ROBERT
STREET ADDRESS 2135 S CONGRESS AVE 1C
CITY - ST - ZIP WEST PALM BEACH FL 33406

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. L. L. A.

3-16-95

(407) 948-7455