

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION

DOCUMENT # N94000003208 (5)

1. Corporation Name

EPILEPSY SERVICES OF SOUTHEAST FLORIDA, INC.



Principal Place of Business

Mailing Address

5730 CORPORATE WAY
SUITE 220
WEST PALM BEACH FL 33407

5730 CORPORATE WAY
SUITE 220
WEST PALM BEACH FL 33407

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	06/28/1994	04/05/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0502630	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28		
Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	Trust Fund Contribution	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Kathy Carmody
82 Street Address (P.O. Box Number is Not Acceptable)
5730 Corporate Way Suite 220
83
84 City West Palm Beach FL 85 Zip Code 33407

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kathy A. Carmody

(NOTE: Registered Agent signature required when re-registering)

2/15/96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D
NAME	SAIDE, JOSEPH	12 NAME	President
STREET ADDRESS	12828 CALAIS CIR	13 STREET ADDRESS	Carol Ann Devine
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	14 CITY-ST-ZIP	473 Woodside Drive
TITLE	D	21 TITLE	D
NAME	NAPONICK, PAUL M	22 NAME	Vice President
STREET ADDRESS	1161 HOLLAND DR	23 STREET ADDRESS	Robert Mooney
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	11473 Riverwood Place
TITLE	D Treasurer	31 TITLE	
NAME	HOPPMANN, ROBERT	32 NAME	
STREET ADDRESS	2135 S CONGRESS AVE 1C	33 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	34 CITY-ST-ZIP	
TITLE	Secretary	41 TITLE	D
NAME		42 NAME	Secretary
STREET ADDRESS		43 STREET ADDRESS	Paul Naponick
CITY-ST-ZIP		44 CITY-ST-ZIP	1161 Holland Drive
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathy A. Carmody

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96

407/478-6515

36-2-26-91

CR2E037 (12/95)