

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

N95000000692

NAME _____
 FIRM _____
 ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
 One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

*① Agency for
 the Voluntary Repatriation
 of U.S. Citizens*

DATE: 2/13/95 BY: BAK
 TIME: 11:00
 WALK-IN Will Pick Up 2:13 11:00

REQUEST TAKEN CONFIRMED APPROVED

DATE _____

TIME _____ CK No. _____

BY BAK

WALK-IN Will Pick Up 2:13 11:00

RE: Florida Epilopsy
Services Provided
Association Inc
 C.C. FEE. DISBURSED

- Capital Process
- Art of Amend. Fil
- Dissolution/Withdrawal
- C U S
- Fictitious Name Fil
- Name Reservation
- Annual Report/Restatement
- Reg. Agent Service
- Document Filing
- Corporate Kit
- Vehicle Search
- Driving Record
- Document Retrieval
- UCC 1 or 3 Fil
- UCC 11 Search
- UCC 11 Retrieval
- File No.'s. Copies
- Courier Service
- Shipping/Handling
- Phone ()
- Top Priority
- Express Mail Prop
- FAX () pgs

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum

THANK YOU
 from
 Your Capital Connection

ARTICLES OF INCORPORATION

FILED
95 FEB 13 AM 11: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION, INC.

ARTICLE II

Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be:

FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION, INC.
512 N.E. THIRD AVENUE, SUITE #300
FT. LAUDERDALE, FL 33301

ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

SEE ATTACHED SHEET

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

SEE ATTACHED SHEET

Filing Fee: \$70.00

ARTICLE III
Purpose(s)

1. To furnish a means of coordinating activities of common interest for local agencies funded to provide direct services to persons with epilepsy and their families by the Epilepsy Services Program (ESP) of the State of Florida, Department of Health and Rehabilitative Services.
2. To develop integrated service delivery plans for all FESPA member agencies.
3. To disseminate information about the causes of epilepsy, its consequences, and the prevention of the condition, to persons with epilepsy, their families and the general public.
4. To improve the public image and enhance the potential of all persons with epilepsy.
5. To cooperate with any relevant state and local agencies, public or private, which have similar purposes or whose activities would further the purposes of FESPA.
6. To solicit and receive funds to accomplish the above purposes.
7. To carry out any other purpose permitted by law.

ARTICLE IV
Manner of election of directors

FESPA shall have a Board of Directors to be comprised of not more than two voting representatives from each member agency who shall serve without compensation for his or her services as such. Voting representatives shall include each member agency's Executive Director and a volunteer member of each member agency's board of directors so designated by that governing body.

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

NO LIMITATIONS

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

JAMES K. HAMBLIN
c/o EPILEPSY SERVICES OF BROWARD, INC.
512 N.E. THIRD AVENUE, SUITE #300
FT. LAUDERDALE, FL 33301

ARTICLE VII

Incorporators

See instructions for officers/directors

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

THOMAS ORTH	JAMES K. HAMBLIN	GEORGE L. STROKER
c/o EPILEPSY SERVICES OF	c/o EPILEPSY SERVICES OF	5504 WATER OAK PL.
WEST CENTRAL FLORIDA	BROWARD, INC.	TAMARAC, FL 33319
4023 NORTH ARMENIA AVE.	512 N.E. THIRD AVENUE	
SUITE #100	SUITE #300	
TAMPA, FL 33607-1017	FT. LAUDERDALE, FL 33301	

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 8th day of FEBRUARY, 1995.

Signature(s) of Incorporator(s):

James K Hamblin

JAMES K. HAMBLIN

Typed name of incorporator signing

Typed name of incorporator signing

Typed name of incorporator signing

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: FLORIDA EPILEPSY SERVICES PROVIDERS
(must include suffix) ASSOCIATION, INC.

2. The name and address of the registered agent and office is:

JAMES K. HAMBLIN

(Name)

512 N.E. THIRD AVENUE, STE. 300

(Street address - P. O. Box not acceptable)

FT. LAUDERDALE, FL 33301

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

James K. Hamblin
(Signature)

2/8/95
(Date)

FILED
FEB 13 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N95000000692

FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION

% 4023 North Armonia Avenue

Suite 100

Tampa, FL. 33607-1017

Attn.: Thomas Orth

35.00
Cert. 52.50

Dear Ms. Connell:

4000001538524
-07/18/95--01023--007
*****87.50 *****87.50

Thank you for sending me the necessary forms to amend our non-profit corporation articles.

I am returning them to you for processing. I appreciate your willingness to help me as I did not do the filing of the original articles.

Enclosed is a check for \$87.50 to cover the filing fee of \$35.00 and the \$52.50 for a certified copy of the amendments.

If you need any further information, please call me at 813-870-3414.

Thank you.

Sincerely,

Thomas Orth

Thomas L. Orth

FILED
95 JUL 12 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment

7-12-95
DL

ARTICLES OF AMENDMENT
to
ARTICLES OF INCORPORATION
of

FILED
95 JUL 12 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Epilepsy Services Providers Association, Inc.

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

Article # III: Purposes

8. The organization is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organization under section 501 (c)(3) of the Internal Revenue Code or corresponding section of any future federal tax code.

9. Notwithstanding any other provision herein, the purposes of this organization are limited to such purposes as are permitted under section 501 (c)(3) of the Internal Revenue Code.

10. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth above. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of any candidate for public office.

SECOND: The date of adoption of the amendment(s) was: July 9, 1995

THIRD: Adoption of Amendment (CHECK ONE)

☐ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☒ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

Florida Epilepsy Services Providers Association, Inc.

Corporation Name

Thomas L. Orth

Signature of Chairman, Vice Chairman, President or other officer

Thomas L. Orth

Typed or printed name

President

Title

7/9/95

Date

ARTICLES OF AMENDMENT
to
ARTICLES OF INCORPORATION
of

Florida Epilepsy Services Providers Association, Inc.

Pursuant to the provisions of section 617.1006, Florida Statutes, the undersigned Florida nonprofit corporation adopts the following articles of amendment to its articles of incorporation.

FIRST: Amendment(s) adopted: (INDICATE ARTICLE NUMBER(S) BEING AMENDED, ADDED OR DELETED.)

Article # III: Purposes

11. Upon dissolution, remaining assets of the organization shall be distributed for one or more exempt purposes within the meaning of section 501 (c)(3) of the Code, or shall be distributed to the Federal government, or to a state or local government, for public purposes.

SECOND: The date of adoption of the amendment(s) was: July 9, 1995

THIRD: Adoption of Amendment (CHECK ONE)

☐ The amendment(s) was(were) adopted by the members and the number of votes cast for the amendment was sufficient for approval.

☒ There are no members or members entitled to vote on the amendment. The amendment(s) was(were) adopted by the board of directors.

Florida Epilepsy Services Providers Association, Inc.
Corporation Name

Thomas L. Orth

Signature of Chairman, Vice Chairman, President or other officer

Thomas L. Orth

Typed or printed name

President

Title

7/9/95

Date

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$730.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra D. Matham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 SEP -9 PH 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 96

DOCUMENT # N95000000692 (2)

1 Corporation Name

FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION,
INC

Principal Place of Business Mailing Address
512 NE THIRD AVE
SUITE 300
FT LAUDERDALE FL 33301
512 NE THIRD AVE
SUITE 300
FT LAUDERDALE FL 33301

3. Date Incorporated or Qualified 02/13/1995	3a. Date of Last Report
4. FEI Number 65-0559229	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 5580 PARK BLVD Suite, Apt. #, etc 22 SUITE 4 City & State 23 Pinellas Park Zip 24 33781 Country 25 US	2a. Mailing Address 26 5580 PARK BLVD Suite, Apt. #, etc 27 SUITE 4 City & State 28 Pinellas Park Zip 29 33781 Country 30 US
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9. Name and Address of Current Registered Agent
HAMLIN, JAMES K
512 NE THIRD AVE
SUITE 300
FT LAUDERDALE FL 33301

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	BONNIE SKAGGS 5580 PARK BLVD SUITE 4 Pinellas Park FL 33781
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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 Donnie Skaggs Bonnie SKAGGS 8-31-96
Signature typed or printed name of registered agent and line 4 of line 8 (NOTE: Registered Agent signature required when transferring) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	PRESIDENT, D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	VICTOR GITTENS
STREET ADDRESS		13 STREET ADDRESS	6701 MIRROR LAKE AVE
CITY-ST-ZIP		14 CITY-ST-ZIP	TAMPA, FL 33634
TITLE	<input type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	BONNIE SKAGGS
STREET ADDRESS		23 STREET ADDRESS	5580 PARK BLVD
CITY-ST-ZIP		24 CITY-ST-ZIP	PINELLAS PARK, FL 34665
TITLE	<input type="checkbox"/> DELETE	31 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	Kenneth C. Clark
STREET ADDRESS		33 STREET ADDRESS	539 59th AVE
CITY-ST-ZIP		34 CITY-ST-ZIP	ST. PETE BEACH, FL 33716
TITLE	<input type="checkbox"/> DELETE	41 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Jim LYONS
STREET ADDRESS		43 STREET ADDRESS	1010-B NW 8th AVE - MEDICAL GARDENS
CITY-ST-ZIP		44 CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	<input type="checkbox"/> DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	300001955848
CITY-ST-ZIP		54 CITY-ST-ZIP	-03/25/96--01019--010
TITLE	<input type="checkbox"/> DELETE	61 TITLE	****256.25 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: Kenneth C. Clark KENNETH C. CLARK 8/31/96 813/573-8303
Signature typed or printed name of signing officer or director Date Daytime Phone #