FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

N95000003006 (2)

EPILEPSY NETWORK OF INDIAN RIVER COUNTY, INC.

| Principal Place of Business Mailing Address | | | | # 19811181 818 18191 B1111 88111 8 | 18111 86111 88188 31111 | MAIN MAISH ELIK 1881 |
|---|--|---|---|--|--|------------------------------|
| 3346 3RD ST. VERO BEACH FL 32968 | | 3346 3RD ST. VERO BEACH FL 32968 | | | | |
| | | | | 3. Date Incorporated or Qualified 06/23/1995 | 3a. Date of La | ast Report |
| | ace of Business | 2a. Mailing Address | | 4. FEI Number | L | Applied For |
| Suite, Apt. | # oto | Suite, Apt. #, etc. | | 59-3321116 | | Not Applicable |
| 22 | | 27 | | Certificate of Status Desired | 1 1 7 | 75 Additional se Required |
| City & State | е | City & State | | 6. Election Campaign Financing | | .00 May Be |
| 23 Zip | Country | 28 Zip | Country | Trust Fund Contribution | AC | Ided to Fees |
| 24 | 25 | ⊢ ' | 30 | This corporation has liability for in Florida Statutes | itangible tax unde] Yes K INo | rs. 199.032, |
| | 9. Name and Address of Currer | | | 10. Name and Address of New Re | | |
| | | | 81 Name | TOURD O MOOIT | | |
| THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 62 Street Addr | | | | EDWARD C MCCALL class (P.O. Box Number is Not Acceptable) | | |
| 343 ALMERIA AVENUE | | | | 3346 3RD STREET | , | |
| CORAL | GABLES FL 33134 | | 63 | | | |
| | | | 84 City | | — 85 | Zip Code |
| 44 Durament | to the predictor of Postions 617 0500 | and 617 4500. Florida Chatatan | Ah ah a a a a a a a a a a a a a a a a a | VERO BEACH | <u> </u> | 32968 |
| 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. | | | | | | |
| familiar w | | - | 1 - | | 0. | |
| SIGNATURE | Signature, typed or printed name of registered agent | | SidenT Registered Agent signature regu | ired when reinstating | 4-15-96 DATE | |
| 12. | OFFICERS AN | | 13. | ADDITIONS/CHANGES TO OFFIC | | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | TD | K Chan | ge 🔲 Addition |
| NAME | MCCALL, EDWARD C | | 1.2 NAME | HOLLAND, YVONNE P O BOX 564 | | |
| STREET ADDRESS | 3346 3RD ST. | | 1.3 STREET ADDRESS | | _ | |
| CITY-ST-ZIP | VERO BEACH FL 32968 | V -1 | 1.4 CITY - ST - ZIP | VERO BEACH FL 3296 | | F-40 |
| TITLE | SD | ₹]DELETE | 2.1 TITLE | D | ₹ Chan | ge 🔲 Addition |
| NAME | WYGONIK, JUSTINE | | 2.2 NAME | WYGONIK, JUSTINE | | |
| STREET ADDRESS | 3346 3RD ST. | | 2.3 STREET ADDRESS | 1425 22ND AVENUE | | |
| CITY-ST-ZIP TITLE | VERO BEACH FL 32968 TD | ₹]DELETE | 2. 4 CITY - ST - ZIP 3.1 TITLE | VERO BEACH FL 3296 | 0-3255 K10han | ge 🗍 Addition |
| NAME | TOOLE, DEBRA | Morre | 3.2 NAME | D | 2 0101 | go CJ Assertion |
| STREET ADDRESS | 3346 3RD ST. | | 3.3 STREET ADDRESS | TOOLE, DEBRA 165 41ST COURT | , | |
| CITY-ST-ZIP | VERO BEACH FL 32968 | | 3.4. CITY-ST-ZIP | VERO BEACH FL 3296 | o | |
| TITLE | D | DELETE | 4.1 TITLE | SD SD | ☐ Chan | ge 🙀 Addition |
| NAME | HOLLAND, YVONNE R.N. | | 4. 2 NAME | FORSYTH, SUSAN | | |
| STREET ADDRESS | 3346 3RD ST. | | 4.3 STREET ADDRESS | 2905 18TH STREET | | |
| CITY-ST-ZIP | VERO BEACH FL 32968 | | 4.4 CITY - ST - ZIP | VERO BEACH FL 3296 | | |
| TITLE | D | DELETE | 5.1 TITLE | D D D D D D D D D D D D D D D D D D D | Chan | ge 🔲 Addition |
| NAME | MONDOZA, GEMMA I M.D. | | 5.2 NAME | MENDOZA, GEMMA I, M. 777 37TH STREET SU | D. ITE B107 | |
| STREET ADDRESS | 3346 3RD ST. | | 5.3 STREET ADDRESS | | 0-4885 | |
| CITY-ST-ZIP | VERO BEACH FL 32968 | DELETE | 5.4 CITY-ST-ZIP | TENO PEROII FII 3290 | 0-4665 Chan | ge 🔲 Addition |
| TITLE NAME | | | 6.1 TITLE 6.2 NAME | | L_I chan | Re TT VOOLUIN |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | | |
| 14. I do heret | by certify that the information supplied | with this filing is voluntarily furnish | ned and does not qualify | y for the exemption stated in Section 119.0 | 7(3)(k), Florida St | atutes. 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. | | | | | | |
| ביי | | | | | | |

SIGNATURE:

dd B. McCall

Edward C. McCAII

4-15-96

407-770-6441

Daytime Phone #

CD0E007 (4)