

P16000049678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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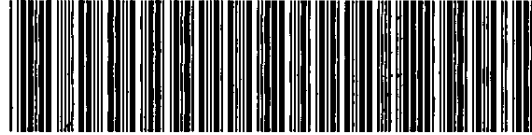
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 JUN -2 AM 9:10  
STATE OF ALABAMA  
HALL COUNTY

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** FLORIDA CENTER FOR EPILEPSY, Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Erasmo A. Passaro, MD

Name (Printed or typed)

251 6th Avenue N

Address

Tierra Verde, FL 33715-1866

City, State & Zip

727-492-2632

Daytime Telephone number

erasmo.passaro@verizon.net

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Florida Center for Epilepsy, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1607 Dr. Martin Luther King St N  
St Petersburg, FL 33704-4203

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

Clinical evaluation of patients with epilepsy and seizure disorders.

Education of physicians, patients and caregivers about epilepsy and the assoicared co-morbidities

Clinical research to improve the clinical and scientific understanding of epilepsy and seizure disorders

Management of the co-morbidities associated with epilepsy

Medical and surgical treatment of patients with pharmaco-resistant (medically intractable) epilepsy

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Erasmo A. Passaro, MD President

Name and Title: \_\_\_\_\_

Address 1607 Dr. Martin Luther King Jr St N  
St Petersburg, FL 33704-4203

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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16 JUN -2 AM 9:10  
CLERK OF DISTRICT COURT  
ST. PETERSBURG, FLORIDA

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Erasmo A. Passaro, MD  
Address: 251 6th Avenue N  
Tierra Verde, FL 33715

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Erasmo A. Passaro, MD  
Address: 251 6th Avenue N  
Tierra Verde, FL 33715

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05/27/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Erasmo Passaro 05/27/2016  
Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Erasmo Passaro 05/27/2016  
Required Signature/Incorporator Date