

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721887

Entity Name: EPILEPSY FOUNDATION OF FLORIDA, INC.

Current Principal Place of Business:

1200 N.W. 78TH AVE., STE 400
MIAMI, FL 33126

Current Mailing Address:

1200 N.W. 78TH AVE., STE 400
MIAMI, FL 33126

FEI Number: 59-2164525

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BASHA-EGOZI, KAREN CEO
1200 NW 78TH AVE.
DORAL, FL 33126 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name GREEN, NOVETTE
Address 12959 PALMS WEST DRIVE
120
City-State-Zip: LOXAHATCHEE FL 33470

Title S
Name ANDERSON, JOHNATHAN
Address 4800 DEERWOOD CAMPUS PKWY
300
City-State-Zip: JACKSONVILLE FL 32246

Title IMM
Name DEAN, PATRICIA
Address 3100 SW 62 AVE
City-State-Zip: MIAMI FL 33155

Title T
Name GARCIA-CONCHESO, TARINA
Address 445 SW 25TH ROAD
City-State-Zip: MIAMI FL 33129

Title V
Name NEWMYER, A.G III
Address 2355 MARSEILLES DR
City-State-Zip: PALM BEACH GARDENS FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NOVETTE GREEN

PRESIDENT

02/08/2013

Electronic Signature of Signing Officer/Director Detail

Date