2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2016
Secretary of State
CC2999172107

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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.
SUITE 400
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	PRESIDENT
Name	ANDERSON, JONATHAN
Address	1200 N.W. 78TH AVE., STE 400
City-State-Zip:	MIAMI FL 33126

Title	IMMEDIATE PAST PRESIDENT
Name	DEAN, PATRICIA
Address	1200 N.W. 78TH AVE., STE 400
City-State-Zip:	MIAMI FL 33126

Title	VP
Name	BOUE, LOURDES
Address	1200 N.W. 78TH AVE., STE 400
City-State-Zip:	MIAMI FL 33126

Title	SECRETARY
Name	SCHALE, STEVE
Address	1200 N.W. 78TH AVE., STE 400
City-State-Zip:	MIAMI FL 33126

Title	TREASURER
Name	GARRIDO, CARLOS
Address	1200 N.W. 78TH AVE., STE 400
City-State-Zip:	MIAMI FL 33126

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: JONATHAN ANDERSON PRESIDENT 02/23/2016

Electronic Signature of Signing Officer/Director Detail — Date