

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721887

Entity Name: EPILEPSY FLORIDA, INC.**Current Principal Place of Business:**7300 N. KENDALL DRIVE
SUITE 760
MIAMI, FL 33156**Current Mailing Address:**7300 N. KENDALL DRIVE
SUITE 760
MIAMI, FL 33156 US**FEI Number:** 59-2164525**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BASHA EGOZI, KAREN
7300 N. KENDALL DR
SUITE 760
MIAMI, FL 33156 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:** KAREN BASHA EGOZI

01/24/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name WIDING, SARA
Address 7300 N. KENDALL DRIVE
SUITE 760
City-State-Zip: MIAMI FL 33156

Title CHAIR
Name DEAN, PATRICIA
Address 7300 N. KENDALL DRIVE
SUITE 760
City-State-Zip: MIAMI FL 33156

Title TREASURER
Name NEWMYER, ARTHUR G III
Address 7300 N. KENDALL DRIVE
SUITE 760
City-State-Zip: MIAMI FL 33156

Title MEMBER AT LARGE
Name FEIG, STEVE
Address 7300 N. KENDALL DRIVE
SUITE 760
City-State-Zip: MIAMI FL 33156

Title VC
Name ALCALDE, BETH
Address 7300 N. KENDALL DRIVE
SUITE 760
City-State-Zip: MIAMI FL 33156

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: PATRICIA DEAN

CHAIR

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date