

2024 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

02/14/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title CHAIR
Name DURAN, NICHOLAS X
Address 7300 NORTH KENDALL DRIVE
SUITE 760
City-State-Zip: MIAMI FL 33156

Title TREASURER
Name FEIG , KEVIN
Address 7300 NORTH KENDALL DRIVE
SUITE 760
City-State-Zip: MIAMI FL 33156

Title VICE CHAIR
Name ALCALDE, BETH
Address 7300 NORTH KENDALL DRIVE
SUITE 760
City-State-Zip: MIAMI FL 33156

Title SECRETARY
Name ADACHE, ADAM
Address 7300 NORTH 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: NICHOLAS X. DURAN

CHAIR

02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date