

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000002776

**Entity Name:** JOSHPROVIDES EPILEPSY ASSISTANCE FOUNDATION, INC.**Current Principal Place of Business:**5428 SUNDEW DRIVE  
SARASOTA, FL 34238**Current Mailing Address:**5428 SUNDEW DRIVE  
SARASOTA, FL 34238 US**FEI Number:** 46-2322505**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BILAN, ANDRIA  
20 GOLF VIEW DRIVE  
ENGLEWOOD, FL 34223 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:** ANDRIA BILAN

02/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name HARSHMAN, RUTH  
Address 16105 FOREMAST PLACE  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title DIRECTOR, TREASURER  
Name WYNNE, MERRILL  
Address 565 SANCTUARY DRIVE, APT. A501  
City-State-Zip: LONGBOAT KEY FL 34228-3825

Title DIRECTOR  
Name CANNON, JOHN  
Address 6710 PROFESSIONAL W PARKWAY  
City-State-Zip: LAKEWOOD RANCH FL 34240

Title DIRECTOR  
Name CHAPMAN, ROSE  
Address 5624 BOULDER BLVD.  
City-State-Zip: SARASOTA FL 34233

Title DIRECTOR, SECRETARY  
Name CHAPNICK, SANDRA  
Address 5428 SUNDEW DRIVE  
City-State-Zip: SARASOTA FL 34238

Title DIRECTOR, VP  
Name FUREN, MICHAEL J  
Address 2033 MAIN STREET  
SUITE 600  
City-State-Zip: SARASOTA FL 34237

Title DIRECTOR  
Name ROSE, ALFRED  
Address 1111 RITZ-CARLTON DRIVE  
APT 1206  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name SCHWEBEL, PAUL  
Address 6030 ELIA WAY  
City-State-Zip: CANFIELD OH 44406

**Continues on page 2**

*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:** ANDRIA BILAN

CEO

02/10/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SCHARF, EDWARD  
Address 22 GAREY DRIVE  
City-State-Zip: CHAPPAQUA NY 10514

Title DIRECTOR  
Name SMULLEN, TRACI  
Address 7951 MATERA COURT  
City-State-Zip: LAKEWOOD RANCH FL 34202

Title CEO  
Name BILAN, ANDRIA  
Address 20 GOLF VIEW DRIVE  
City-State-Zip: ENGLEWOOD FL 34223

Title DIRECTOR  
Name VAUGHAN, DEBORAH  
Address 8319 COUNTRY PARK WAY  
City-State-Zip: SARASOTA FL 34243

Title DIRECTOR, CHAIRMAN  
Name VIGNE, DAN  
Address 1515 RINGLING BLVD  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name NAIR, DILEEP DR  
Address CLEVELAND CLINIC MAIN CAMPUS  
MAIL CODE S 51 9500 EUCLID  
AVENUE  
City-State-Zip: CLEVELAND OH 44195

Title DIRECTOR  
Name AUNG-DIN, MD, RONALD  
Address 3501 CATTLEMEN ROAD, SUITE A  
City-State-Zip: SARASOTA FL 34232

Title DIRECTOR  
Name WEINTRAUB, ESQ, ANNE  
Address 420 GOLDEN GATE POINT  
City-State-Zip: SARASOTA FL 34236