

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000009008

Entity Name: THE ROBERT PHILIPPEAUX EPILEPSY ORGANIZATION, INC.

Current Principal Place of Business:

12500 SW 5 COURT
APT M110
PEMBROKE PINES, 33027

Current Mailing Address:

12500 SW 5 COURT
APT M110
PEMBROKE PINES, FL 33027 UN

FEI Number: 84-2918027

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PHILIPPEAUX, KATIA
12500 SW 5 COURT
APT M110
PEMBROKE PINES, FL 33027 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 PHILIPPEAUX, KATIA
Address 12500 SW 5 COURT, APT M110
City-State-Zip: PEMBROKE PINES FL 33027

Title VP
Name GOLDGABER, FABIENNE
Address 12500 SW 5 COURT, APT M110
City-State-Zip: PEMBROKE PINES FL 33027

Title S
Name TASSY, CLAUDIA
Address 12500 SW 5 COURT, APT M110
City-State-Zip: PEMBROKE PINES 33027

Title T
Name ROUSSEAU, FABRICE
Address 12500 SW 5 COURT, APT M110
City-State-Zip: PEMBROKE PINES 33027

Title O
Name ADE, KATHLEEN
Address 12500 SW 5 COURT, APT M110
City-State-Zip: PEMBROKE PINES FL 33027

Title OFFICER
Name MORENCY, STEPHANIE
Address 12500 SW 5 COURT
APT M110
City-State-Zip: PEMBROKE PINES 33027

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: KATIA PHILIPPEAUX

PRESIDENT

04/30/2025

Electronic Signature of Signing Officer/Director Detail

Date