FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State
03-02-1999 90072 019 ****70.00

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DOCUMENT # 726327

1. Corporation Name
EPILEPSY SERVICES FOUNDATION, INC.

Principal Place of Business	Mailing Address
4023 N. ARMENIA AVE. SUITE 100 TAMPA FL 33607 US	4023 N. ARMENIA AVE. SUITE 100 TAMPA FL 33607 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/04/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1680892 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

~~GITTENS, VICTOR~~
~~6701 MIRROR LAKE AVE.~~
~~TAMPA FL 33634~~

10. Name and Address of New Registered Agent

81 Name: PETER KING ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 501 E. KENNEDY BLVD. #1700
83
84 City: TAMPA FL 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: PETER KING Peter B.K. 1/13/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	KIPP, ROBERT		1.2 NAME		
STREET ADDRESS	3910 US 301 W, STE 255		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	33619	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PATTERSON, PAM		2.2 NAME		
STREET ADDRESS	12056 ANDERSON RD, C-303		2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33625		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ARMINGTON, HEATHER		3.2 NAME		
STREET ADDRESS	14526 NETTLE CREEK RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33624		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	JAY LAYMAN		4.2 NAME		
STREET ADDRESS	18936 ST LAURENT DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL		4.4 CITY-ST-ZIP	33549	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, ROXANN		5.2 NAME		
STREET ADDRESS	4412-48TH AVE, SOUTH		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33711		5.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	6.1 TITLE		☐ Change ☒ Addition
NAME	KING, PETER		6.2 NAME		
STREET ADDRESS	501 E KENNEDY BLVD 1700		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP	33602	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER KING ESQ. SIGNATURE REQUIRED X 1/13/99 813-228-7411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #