DOCUMENT # 726327

1. Entity Name

EPILEPSY SERVICES FOUNDATION, INC.

**FILED**
**Feb 07, 2000 8:00 am**
**Secretary of State**
02-07-2000 90057 013 ****70.00

| Principal Place of Business | Mailing Address |
|---|---|
| 4618 N. ARMENIA AVE.<br>TAMPA FL 33603<br>US | 4618 N. ARMENIA AVE.<br>TAMPA FL 33603-2706<br>US |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip: 33603-2706 | Country: | Zip: | Country: |

4. FEI Number: 59-1680892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ XX **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KING, PETER ESC<br>501 E KENNEDY BLVD<br>#1700<br>TAMPA FL 33602 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| **FILE NOW: FEE IS $61.25** | 9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees | **Make Check Payable to Department of State** |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>KIPP, ROBERT<br>3910 US 301 W, STE 255<br>TAMPA FL 33619 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>PATTERSON, PAM<br>12056 ANDERSON RD, C-303<br>TAMPA FL 33625 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President/Director | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARMINGTON, HEATHER<br>14526 NETTLE CREEK RD<br>TAMPA FL 33624 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Treasurer/Director | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JAY LAYMAN<br>18936 ST LAURENT DR<br>LUTZ FL 33549 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MOORE, ROXANN<br>4412-48TH AVE, SOUTH<br>ST PETERSBURG FL 33711 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br>Madden, Vincent<br>12407 Pathway Ct.<br>Riverview, FL. 33569 | ☒ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>KING, PETER<br>501 E KENNEDY BLVD 1700<br>TAMPA FL 33602 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Vice President/Director | ☒ Change ☐ Addition |

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Pamela F. Patterson PAMELA F. PATTERSON 2/2/00 813-870-3414
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #