

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726327

FILED
Jan 22, 2004
Secretary of State

Entity Name: EPILEPSY SERVICES FOUNDATION, INC.

Current Principal Place of Business:

4618 N. ARMENIA AVE.
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

4618 N. ARMENIA AVE.
TAMPA, FL 33603 US

New Mailing Address:

FEI Number: 59-1680892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, PETER ESC
501 E KENNEDY BLVD
#1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LACOGNATA, CARMINE
Address: 4890 W KENEDY BLVD.
City-St-Zip: TAMPA, FL 33609

Title: D () Delete
Name: BHANA, SANJAY
Address: 3910 US HWY 301 NORTH STE.,255
City-St-Zip: TAMPA, FL 33619

Title: VPD () Delete
Name: ARMINGTON, HEATHER
Address: 14526 NETTLE CREEK RD
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: STANALAND, TONI
Address: 6216 VIRGINIA LANE
City-St-Zip: SEFFNER, FL 33584

Title: PD () Delete
Name: GARCIA, ADRIENNE
Address: 1507 1/2 S BAY VILLA PL
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: KING, PETER
Address: 501 E KENNEDY BLVD. #1700
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ADRIENNE GARCIA

PD

01/22/2004

Electronic Signature of Signing Officer or Director

Date