2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

DOCUMENT# 726327

Entity Name: EPILEPSY SERVICES FOUNDATION, INC.

Current Principal Place of Business:

4628 N. ARMENIA AVE.
TAMPA, FL 336032706 US

New Principal Place of Business:

Current Mailing Address:

4628 N. ARMENIA AVE.
TAMPA, FL 336032706 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 ESQ.
3000 BAYPORT DRIVE
SUITE 600
TAMPA, FL 33607 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: SD
Name: BARRY, SCOTT
Address: 4624 NORTH ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603 US

Title: PD
Name: MARTIN, CHRISTOPHER
Address: 10207 THICKET POINT WAY
City-St-Zip: TAMPA, FL 33647 US

Title: VPD
Name: HELLER, DOMINIQUE
Address: 3000 BAYPORT DRIVE, STE. 600
City-St-Zip: TAMPA, FL 33607 US

Title: PPD
Name: TUFFY, FRANK
Address: 443 SUMMIT CHASE DRIVE
City-St-Zip: VALRICO, FL 33549 US

Title: D
Name: CANEVARI, CASEY
Address: 207 WEST SOUTH AVENUE
City-St-Zip: TAMPA, FL 33603 US

Title: TD
Name: FRANZESE, KEVIN
Address: 11441 CYPRESS RESERVE DRIVE
City-St-Zip: TAMPA, FL 33626 US

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: KEVIN FRANZESE TD 01/03/2012

Electronic Signature of Signing Officer or Director — Date