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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N94000005981**

1. Corporation Name
EPILEPSY SERVICES OF SOUTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
40 N OSPREY AVE SUITE A SARASOTA FL 34236	40 N OSPREY AVE SUITE A SARASOTA FL 34236

2. Principal Place of Business 21 1900 Main St., Suite 212 22 Suite, Apt. #, etc. 23 City & State: Sarasota, Florida 24 Zip: 34236 25 Country: U.S.A.	2a. Mailing Address 26 1900 Main St., Suite 212 27 Suite, Apt. #, etc. 28 City & State: Sarasota, Florida 29 Zip: 34236 30 Country: U.S.A.	3. Date Incorporated or Qualifed: 12/06/1994 4. FEI Number: 59-3281492 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

OSBORNE, KAREN D
40 N OSPREY AVE
SUITE A
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1900 Main Street
83 Suite 212
84 City: Sarasota **FL** 85 Zip Code: 34236

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WARD, O D 801 ANCHOR RODE DRIVE STE 201 NAPLES FL 34103	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAHM, JAY 3300 BATOU RD LONGBOAT KEY FL 34228	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HOFFMAN, PAUL 1505 S TAMIAMI TRAIL STE 401A VENICE FL 34292	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AYLES, VICKI 1858 RINGLING BLVD SARASOTA FL 34236	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CARROLL, FRANK W 6190 NICOLE CT SARASOTA FL 34243	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, RICAHRD 2675 GULF OF MEXICO DR 503 LONGBOAT KEY FL 34228	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: SIGNATURE REQUIRED Frank W. Carroll 1/11/99 941-953-5988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #