

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005981

FILED
Jan 17, 2007
Secretary of State

Entity Name: EPILEPSY SERVICES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1900 MAIN STREET
SUITE 212
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

1900 MAIN STREET
SUITE 212
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 59-3281492 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GERRITY, THOMAS E
1900 MAIN STREET
SUITE 212
SARASOTA, FL 34236 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: P () Delete
Name: HOCH, AUGUST
Address: 2705 WISTERIA PLACE
City-St-Zip: SARASOTA, FL 34239

Title: S&T () Delete
Name: ABRAHM, JAY
Address: 7209 VILLA D'ESTE DRIVE
City-St-Zip: SARASOTA, FL 34238

Title: V () Delete
Name: SUCH, CHUCK
Address: 4339 MEADOWLAND CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: D () Delete
Name: CARROLL, ROBERT F
Address: 567 BELLAIRE DRIVE
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: CARROLL, FRANK W
Address: 107 133RD STREET EAST
City-St-Zip: BRADENTON, FL 34202

Title: D () Delete
Name: AZADIAN, ANDREW RN, C
Address: 4388 PASADENA CIRCLE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GUSTAFSON, DAVID A
Address: 1667 PINYON PINE DRIVE
City-St-Zip: SARASOTA, FL 34240

Title: S&T (X) Change () Addition
Name: ABRAHM, JAY
Address: 4280 BALDEN DRIVE
City-St-Zip: SARASOTA, FL 34241

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

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

Title: D (X) Change () Addition
Name: CARROLL, SHARON F
Address: 17611 WHITE FOX DRIVE
City-St-Zip: PARRISH, FL 34219

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 Chapter 119, 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: DAVID A. GUSTAFSON

P

01/17/2007

Electronic Signature of Signing Officer or Director

Date