## 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 P	rincipal Place	of Business:		New Prince	ipal Place of Business:	
1900 MAIN	STREET					
SUITE 212						
SARASU I	A, FL 34236					
Current M	lailing Addres	ss:		New Maili	ng Address:	
	STREET					
SUITE 212 SARASOT	A, FL 34236					
El Number	: 59-3281492	FEI Number Applied	For() FE	El Number Not App	licable ( ) Certificate of Status Desired (X)	
Name and	Address of C	Current Registered	Agent:	Name and	Address of New Registered Agent:	
SERRITY.	THOMAS E					
1900 MAIN	ISTREET					
SUITE 212 SARASOT	? A, FL 34236 <sup> </sup>	US				
		submits this stateme	ent for the purpo	ose of changing i	its registered office or registered agent, or bo	oth,
	e of Florida.					
SIGNATU		nic Signature of Reg	istored Agent		Date	_
	Liectioi	ile Signature of Reg	istered Agent		Date	
OFFICER	S AND DIREC	TORS:		ADDITION	IS/CHANGES TO OFFICERS AND DIRECT	ΓOR
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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