

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005981

FILED
Jan 22, 2010
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
Name: SUCH, CHUCK
Address: 4339 MEADOWLAND CIRCLE
City-St-Zip: SARASOTA, FL 34233

Title: VP
Name: VAN PASSEL, LEONIE
Address: 7853 ESTANCIA WAY
City-St-Zip: SARASOTA, FL 34238

Title: S/T
Name: ABRAMS, JAY
Address: P.O. BOX 18813
City-St-Zip: SARASOTA, FL 34241

Title: DR.
Name: CARLIN, LANE
Address: 15296 FIDDLESTICKS BLVD.
City-St-Zip: FORT MYERS, FL 33912

Title: ESQ.
Name: CHAPNICK, BRUCE P
Address: 2033 MAIN STREET SUITE 600
City-St-Zip: SARASOTA, FL 34237

Title: MR.
Name: HOCH, AUGUST
Address: 2705 WISTERIA PLACE
City-St-Zip: SARASOTA, FL 34239

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: THOMAS GERRITY

ESQ.

01/22/2010

Electronic Signature of Signing Officer or Director

_____ Date