2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# P98000028573

Entity Name: PEDIATRIC EPILEPSY & NEUROLOGY SPECIALISTS, P.A.

Current Principal Place of Business:

508 S .HABANA AVENUE
SUITE 340
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

508 S. HABANA AVENUE
SUITE 340
TAMPA, FL 33609

New Mailing Address:

FEI Number: 59-3501126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANDOLFI, JOHN C
3710 DE LEON ST.
TAMPA, FL 33609 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FERREIRA, JOSE A
Address: 903 S. STERLING AVENUE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FERREIRA, JOSE A
Address: 508 SOUTH HABANA AVENUE, STE.340
City-St-Zip: TAMPA, FL 33609

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A. FERREIRA P 04/28/2006

Electronic Signature of Signing Officer or Director Date