

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000028573

FILED
Apr 12, 2011
Secretary of State

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

OFFICERS AND DIRECTORS:

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

Title: S
Name: FERREIRA, FELICIA A
Address: 508 SOUTH HABANA AVENUE, SUITE 340
City-St-Zip: TAMPA, FL 33609

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

SIGNATURE: JOSE A. FERREIRA

P

04/12/2011

Electronic Signature of Signing Officer or Director

Date