

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726327

Entity Name: EPILEPSY SERVICES FOUNDATION, INC.**Current Principal Place of Business:**4628 N. ARMENIA AVE.
TAMPA, FL 33603-2706**Current Mailing Address:**4628 N. ARMENIA AVE.
TAMPA, FL 33603-2706 US**FEI Number:** 59-1680892**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**KING, PETER ESQ.
5505 WEST GRAY STREET
TAMPA, FL 33609 US*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

Officer/Director Detail :

Title PD, PRESIDENT
Name BARRY, SCOTT
Address 4624 NORTH ARMENIA AVENUE
City-State-Zip: TAMPA FL 33603

Title PPD, DIRECTOR
Name HELLER, DOMINIQUE
Address 5505 WEST GRAY STREET
City-State-Zip: TAMPA FL 33609

Title D.
Name CREWS, JENNIFER
Address 508 SOUTH HABANA AVENUE
SUITE 340
City-State-Zip: TAMPA FL 33609

Title D.
Name URQUHART, ANNETTE
Address 11399 81ST AVENUE
City-State-Zip: SEMINOLE FL 33772

Title D DIRECTOR
Name ALBRITTON, CALLAN
Address 5505 WEST GRAY STREET
City-State-Zip: TAMPA FL 33609

Title SD
Name BROOKS, ANGELA
Address 501 EAST KENNEDY BOULEVARD
SUITE 1700
City-State-Zip: TAMPA FL 33602

Title VPD.
Name PEDDY, ALYSIA
Address 4103 NORTH RIVER VIEW AVENUE
City-State-Zip: TAMPA FL 33607

Title D.
Name VANHOOK, SANDE
Address 4007 EAST BLUFF AVENUE
City-State-Zip: TAMPA FL 33617

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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: SCOTT BARRY**PRESIDENT****01/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D.
Name HANSEN, RHEA
Address 7758 NATURE TRAIL
City-State-Zip: LAKELAND FL 33809

Title TDIRECTOR, TREASURER
Name CEDANO, MARY
Address 6601 SUSSMAN PLACE
104
City-State-Zip: TAMPA FL 33615