

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:** No

**Name and Address of Current Registered Agent:**

MICHAEL, KATHLEEN MARIE  
12917 N OREGON AVE  
TAMPA, FL 33612 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:** KATHLEEN M MICHAEL

01/27/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title DIRECTOR  
Name ALBRITTON, CALLAN  
Address 101 WEST NORTH BAY STREET  
City-State-Zip: TAMPA FL 33603

Title DIRECTOR  
Name STEPHENS, AMANDA  
Address 5505 WEST GRAY STREET  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name STRAIN, SCOTT  
Address 504 EAST PARK AVE  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name VILA, DINA  
Address 900 NORMANDY TRACE ROAD  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR, PRESIDENT  
Name ENGLUND, GARY  
Address 14925 LAKE FOREST DRIVE  
City-State-Zip: LUTZ FL 33559

Title DIRECTOR  
Name ROSSMEISL, RACHELLE  
Address 8026 BROAD POINTE DRIVE  
City-State-Zip: ZEPHYRHILLS FL 33540

Title DIRECTOR/TREASURER  
Name MIANO, MARCELO  
Address 777 N ASHLEY DRIVE  
2507  
City-State-Zip: TAMPA FL 33602

**Continues on page 2**

*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:** KATHLEEN MICHAEL

EXECUTIVE DIRECTOR

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name BOGGESS, KAREN  
Address 742 WELLINGTON COURT  
City-State-Zip: OLDSMAR FL 34677

Title DIRECTOR  
Name STILLMAN, STACY  
Address 3507 KENNSINGTON AVE  
City-State-Zip: TAMPA FL 33629

Title DIRECTOR  
Name FERRO, CRISTINA  
Address 4628 N ARMENIA AVE  
City-State-Zip: TAMPA FL 33603

Title DIRECTOR  
Name SCOTT, MONIQUE  
Address 5316 SAGECREST DR  
City-State-Zip: LITHIA FL 33547

Title DIRECTOR  
Name RINGHEISEN, DAWN  
Address 25 7TH AVE SE  
City-State-Zip: LARGO FL 33771

Title EXECUTIVE DIRECTOR  
Name MICHAEL, KATHLEEN M  
Address 12917 N OREGON AVE  
City-State-Zip: TAMPA FL 33612