

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727714

Entity Name: EPIC COMMUNITY SERVICES, INC.**Current Principal Place of Business:**1400 OLD DIXIE HIGHWAY
SUITE A
ST. AUGUSTINE, FL 32084**Current Mailing Address:**1400 OLD DIXIE HIGHWAY
SUITE A
ST. AUGUSTINE, FL 32084 US**FEI Number:** 59-1502582**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GREENOUGH, PATRICIA
1400 OLD DIXIE HWY
SUITE A
ST. AUGUSTINE, FL 32084 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	VP
Name	WELU, JAMIE
Address	500 WORLD COMMERCE PARKWAY
City-State-Zip:	SAINT AUGUSTINE FL 32092

Title	PAST PRESIDENT
Name	HAYS, JIM
Address	741 A1A BEACH BLVD
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	SECRETARY
Name	PULSFUS, ERIC M.D.
Address	300 HEALTH PARK BLVD SUITE 3002 IN FLAGLER HOSPITAL
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	PRESIDENT
Name	UPCHURCH, DAVID
Address	24 CATHEDRAL PLACE SUITE 203
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	CEO
Name	GREENOUGH, PATRICIA
Address	1400 OLD DIXIE HIGHWAY
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	TREASURER
Name	MOWREY, DANIEL A.
Address	2801 NORTH THIRD STREET
City-State-Zip:	ST. AUGUSTINE FL 32084

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: PATRICIA GREENOUGH

CEO

01/19/2017

Electronic Signature of Signing Officer/Director Detail_____
Date