

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005981

Entity Name: EPILEPSY SERVICES OF SOUTHWEST FLORIDA, INC.**Current Principal Place of Business:**1750 17TH STREET
BLDG I-2
SARASOTA, FL 34234**Current Mailing Address:**1750 17TH STREET
BLDG I-2
SARASOTA, FL 34234 US**FEI Number:** 59-3281492**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LINDBERG, KEVIN
1750 17TH STREET
BLDG I-2
SARASOTA, FL 34234 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:** KEVIN LINDBERG

01/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VICE-PRESIDENT
Name JACKMAN, ARTHUR
Address 3655 LONGMEADOW
City-State-Zip: SARASOTA FL 34235

Title DIRECTOR
Name ABRAMS, JAY
Address 4814 POST POINTE DR
City-State-Zip: SARASOTA FL 34233

Title PRESIDENT
Name SANDBURG, MATT
Address 3004 TANGLEWOOD DRIVE
City-State-Zip: SARASOTA FL 34239

Title EXECUTIVE DIRECTOR
Name LINDBERG, KEVIN
Address 1750 17TH STREET
BLDG I-2
City-State-Zip: SARASOTA FL 34234

Title TREASURER
Name ARANIBAR, JULIE
Address 1750 17TH ST
BLDG I-2
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name CARLIN, LANE DR.
Address 1750 17TH STREET
BLDG I-2
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name KELLY, JANE
Address 1750 17TH STREET
BLDG I-2
City-State-Zip: SARASOTA FL 34234

Title DIRECTOR
Name KIRCHMAN, MARILYN
Address 1750 17TH STREET
BLDG I-2
City-State-Zip: SARASOTA FL 34234

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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: KEVIN LINDBERG

EXECUTIVE DIRECTOR

01/29/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, CYNTHIA
Address 1750 17TH STREET
 BLDG I-2
City-State-Zip: SARASOTA FL 34234

Title SECRETARY
Name YUREWITCH, MARGIE KENNEDY
Address 711 3RD ST. SW
City-State-Zip: NAPLES FL 34117