

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000028573

**FILED**  
**Jan 13, 2021**  
**Secretary of State**  
**7122012649CC**

**Entity Name:** PEDIATRIC EPILEPSY & NEUROLOGY SPECIALISTS, CORP.

**Current Principal Place of Business:**

508 S .HABANA AVENUE  
SUITE 340  
TAMPA, FL 33609

**Current Mailing Address:**

508 S. HABANA AVENUE  
SUITE 340  
TAMPA, FL 33609

**FEI Number:** 59-3501126

**Certificate of Status Desired:** No

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

FERREIRA, FELICIA A  
508 S. HABANA AVE.  
SUITE 340  
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 P  
Name FERREIRA, JOSE A  
Address 508 SOUTH HABANA AVENUE,  
STE.340  
City-State-Zip: TAMPA FL 33609

Title CFO  
Name FERREIRA, FELICIA A MBA MHC  
Address 508 SOUTH HABANA AVENUE, SUITE  
340  
City-State-Zip: TAMPA FL 33609

Title V  
Name FERREIRA, CARMEN I MD  
Address 508 SOUTH HABANA AVENUE, SUITE  
340  
City-State-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:** FELICIA FERREIRA

**CFO**

**01/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date