**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 20, 2016**
**Secretary of State**
**CC3328271869**

DOCUMENT# P98000028573

**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 | Title | CFO |
| Name | FERREIRA, JOSE A | Name | FERREIRA, FELICIA A MBA MHC |
| Address | 508 SOUTH HABANA AVENUE, STE.340 | Address | 508 SOUTH HABANA AVENUE, SUITE 340 |
| City-State-Zip: | TAMPA FL 33609 | 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 04/20/2016

Electronic Signature of Signing Officer/Director Detail — Date