FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717837 (9)

1. Corporation Name
EPILEPSY SERVICES OF NORTHEAST FLORIDA, INC.

Principal Place of Business	Mailing Address
9029 CHESTER AVE., #106 JACKSONVILLE FL 32217	9029 CHESTER AVE., #106 JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1969
3a. Date of Last Report: 04/26/1994
4. FEI Number: 23-7051533 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc. same	27 Suite, Apt. #, etc. same
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

ATWATER, GREGORY
1279 KINGLEY AVE., #102
ORANGE PARK FL 32073
Same/OK

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WHEELER, DONNA	1.2 NAME	
STREET ADDRESS	3216 OAK ST., #2	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, CHARLES	2.2 NAME	
STREET ADDRESS	1909 S UNIVERSITY BLVD, #802	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32216	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	D ☑ Change ☐ Addition
NAME	OKEN, SUZANNE	3.2 NAME	James DeLatte
STREET ADDRESS	3408 SANCTUARY BLVD.	3.3 STREET ADDRESS	9339 East Jaybird Circle
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	3.4 CITY-ST-ZIP	Jacksonville, FL. 32257
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, JESSE JR	4.2 NAME	
STREET ADDRESS	1522 MOUNTAIN LAKE DR. W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32221-5560	4.4 CITY-ST-ZIP	
TITLE	PP	5.1 TITLE	D ☑ Change ☐ Addition
NAME	SCHOENIG, ERIC	5.2 NAME	Schoenig, Eric
STREET ADDRESS	90 TIFTON COVE N.	5.3 STREET ADDRESS	90 Tifton Cove N.
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	5.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ (904) 731-3752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Eric W. Schoenig, Director

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