

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **717837** (9)  
1. Corporation Name  
**EPILEPSY SERVICES OF NORTHEAST FLORIDA, INC.**



Principal Place of Business

6028 CHESTER AVE., #106  
JACKSONVILLE FL 32217

Mailing Address

6028 CHESTER AVE., #106  
JACKSONVILLE FL 32217

3. Date Incorporated or Qualified  
**12/31/1969**

3a. Date of Last Report  
**04/27/1995**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME WHEELER, DONNA  
STREET ADDRESS 3216 OAK ST., #2  
CITY-ST-ZIP JACKSONVILLE FL 32205 ☒ DELETE

TITLE VD  
NAME JONES, CHARLES  
STREET ADDRESS 1909 S UNIVERSITY BLVD, #802  
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ DELETE

TITLE D  
NAME JAMES DELATTE  
STREET ADDRESS 9339 E. JAYBIRD CIRCLE  
CITY-ST-ZIP JACKSONVILLE BEACH FL ☐ DELETE

TITLE TD  
NAME ROBERTS, JESSE JR  
STREET ADDRESS 1522 MOUNTAIN LAKE DR. W.  
CITY-ST-ZIP JACKSONVILLE FL 32221-5560 ☐ DELETE

TITLE D  
NAME SCHOENIG, ERIC  
STREET ADDRESS 90 TIFTON COVE N.  
CITY-ST-ZIP PONTE VEDRA BEACH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE PD (President)  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE VD (Vice President)  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☒ Change ☐ Addition

4.1 TITLE D (Director)  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE T (Treasurer)  
6.2 NAME Deborah Birtalan  
6.3 STREET ADDRESS 8754 Jim Tom Drive  
6.4 CITY-ST-ZIP Jacksonville, FL 32277 ☐ Change ☒ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

964-737-4129

CR2E037 (12/95)