5-7-97 B-6582 C FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

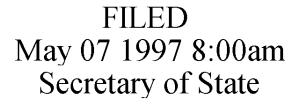
DOCUMENT # 717837

(9)

EPILEPSY SERVICES OF NORTHEAST FLORIDA, INC.

Principal Place of Business

Mailing Address





| 6028 CHESTER JACKSONVILLE | AVE., #106 FL 32217 | 6028 CHESTER AVE., #106 JACKSONVILLE FL 32217-2204 | | | | | | |
|---|---|--|----------------------------------|---|--|------------------------------------|-------------------------------|--------------------|
| | | | | | 3. Date Incorporated or Qualified 12/31/1969 | 3a. Date of 05/0 | Last Report 1/1996 | t |
| 2. Principal P | lace of Business | 28. Mailing Address 26 | | 4. FEI Number 23-7051533 | Applied For Not Applicable | | | |
| Sulte, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & Stat | е | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Added to Fe | |
| Zip 24 | Country 25 | Zip 29 | Gountry 30 | | | Yes 🔽 No |) | .032, |
| | 9. Name and Address of Currer | nt Registered Agent | | | 10. Name and Address of New Re | gistered Agen | t | |
| | | | 81 | Name | | | | |
| ATWATER, GREGORY 1279 KINGLEY AVE., #102 | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| ORANGE | PARK FL 32073 | 83 | | | DAME | | | |
| • | | | 84 | City | | FL 85 | Zip Code |) |
| office or r | registered agent, or both, in the State im familiar with, and accept the oblig | of Florida. Such change was ations of, Section 617.0503, Fl | authorized by lorida Statute: | the corps. | corporation submits this statement for the poration's board of directors. I hereby acceptances | ourpose of char of the appointm | nging its reg ent as regis | jistered stered |
| | Signature, typed or printed name of registered agr | | | nt signature | e required whon reinstating) | DATE | | |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO OFFICE | | - | |
| TITLE | PD OUTS SUES | ☐ DELETE | 11 TITLE | | | 19 1 | hange | Additio |
| NAME | JONES, CHARLES | 100 | 1.2 NAME | | | | | |
| STREET ADDRESS | 1909 S UNIVERSITY BLVD, #8 | 302 | 13 STHEET | ADDRESS | 21- 32216 | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | T butte | 1.4 CITY-S | 11 - 71P | 210 32216 | | | |
| TITLE | VD | ☐ DELETE | 2 1 TITLE | | VD | | Change 🔲 | Additio |
| NAME | JAMES DELATTE 9339 E. JAYBIRD CIRCLE | | 22 NAME | | JAN OSTLER 11350 Weedon Islam Jacksonville, FL 322; | d way | | |
| STREET ADDRESS | JACKSONVILLE BEACH FL | | 23 STREET | | Jacksonville, fl 322; | 25 0 | | |
| CITY-ST-ZIP TITLE | D | DELETE | 2 4 CITY-: 31 Title | ST-ZIP | | | hange | Additio |
| NAME | ROBERTS, JESSE JR | F 2000012 | 32 NAME | | | LHZ (| Alonge | nauitto |
| STREET ADDRESS | 1522 MOUNTAIN LAKE DR. W | <u>'</u> | 33 STREET | 2249004 | | | | |
| CITY-ST-ZIP | JACKSONVILLE FL | • | 3 4. C(TY- | | 2ip - 3222/ | | | |
| TITLE | D | DELETE | 41 TITLE | | | | hange | Additio |
| NAME | SCHOENIG, ERIC | | 4 2 NAME | | | | | |
| STREET ADDRESS | 90 TIFTON COVE N. | | 4 3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL | | 44 CITY - S | II - ZIP | 1210- 32082 | | , | _ |
| TITLE | T | DELETE | 51 TITLE | | ITD' | D | Change | Additio |
| NAME | DEBORAH BIRTALAN | | 52 NAME | | Deborah Birtalan | | | |
| STREET ADDRESS | 5754 JIM TOM DRIVE | | 5.3 STREET | ADDRESS | 5754 Jim 10m DR1 | re | 7 | |
| CITY-ST-ZIP | JACKSONVILLE FL | | 5.4 CITY - S | 1 - ZIP | Jacksonville, Fr | 3227 | | |
| TITLE | | ☐ DELETE | 61 THLE | | SD | | Change 🕡 | Moditio |
| NAME | | | 62 NAME | | Joanne Roser | | | |
| STREET ADDRESS | | | 63 STREET | ADDRESS | 532 Lake Rd. | 3 | - | |
| CITY-ST-7IP | l | | 64 CITY - S | T_7IP | Porte Vedra Beach. Fr | _ 5208 | L | |

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96