

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

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May 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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



Principal Place of Business Mailing Address  
6028 CHESTER AVE., #106  
JACKSONVILLE FL 32217 6028 CHESTER AVE., #106  
JACKSONVILLE FL 32217-2204

3. Date Incorporated or Qualified 12/31/1969 3a. Date of Last Report 05/01/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc. <i>SAME</i>	26 Suite, Apt. #, etc. <i>SAME</i>	23-7051533	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83 <i>SAME</i>	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CHARLES	12 NAME	
STREET ADDRESS	1909 S UNIVERSITY BLVD, #802	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	zip 32216
TITLE	VD	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES DELATTE	22 NAME	JAN OSTLER
STREET ADDRESS	9339 E. JAYBIRD CIRCLE	23 STREET ADDRESS	11350 Weedon Island Way
CITY-ST-ZIP	JACKSONVILLE BEACH FL	24 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	D	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, JESSE JR	32 NAME	
STREET ADDRESS	1522 MOUNTAIN LAKE DR. W.	33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	34 CITY-ST-ZIP	zip - 32221
TITLE	D	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENIG, ERIC	42 NAME	
STREET ADDRESS	90 TIFTON COVE N.	43 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	44 CITY-ST-ZIP	zip - 32082
TITLE	T	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBORAH BIRTALAN	52 NAME	Deborah Birtalan
STREET ADDRESS	5754 JIM TOM DRIVE	53 STREET ADDRESS	5754 Jim Tom Drive
CITY-ST-ZIP	JACKSONVILLE FL	54 CITY-ST-ZIP	Jacksonville, FL 32277
TITLE		61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	Joanne Roser
STREET ADDRESS		63 STREET ADDRESS	532 Lake Rd.
CITY-ST-ZIP		64 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082

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.

*John W. Francis*

CR2E037 (9/96)