

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726327

FILED
Jan 04, 2010
Secretary of State

Entity Name: EPILEPSY SERVICES FOUNDATION, INC.

Current Principal Place of Business:

4618 N. ARMENIA AVE.
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

4618 N. ARMENIA AVE.
TAMPA, FL 33603 US

New Mailing Address:

FEI Number: 59-1680892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, PETER ESQ.
500 E. KENNEDY BLVD.
#1700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

KING, PETER ESQ.
3000 BAYPORT DRIVE
SUITE 600
TAMPA, FL 33607 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:

01/04/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: LACOGNATA, CARMINE
Address: 4890 W KENEDY BLVD., #800
City-St-Zip: TAMPA, FL 33609 US

Title: VPD
Name: MARTIN, CHRISTOPHER
Address: 1913 EAST COLUMBUS DRIVE
City-St-Zip: TAMPA, FL 33605 US

Title: SD
Name: PEARLMAN, DOMINIQUE
Address: 3000 BAYPORT DRIVE, STE. 600
City-St-Zip: TAMPA, FL 33607 US

Title: PD
Name: TUFFY, FRANK
Address: 443 SUMMIT CHASE DR.
City-St-Zip: VALRICO, FL 33549 US

Title: D
Name: CANEVARI, CASEY
Address: 207 W. SOUTH AVE.
City-St-Zip: TAMPA, FL 33603 US

Title: TD
Name: FRANZESE, KEVIN
Address: 11441 CYPRESS RESERVE DR.
City-St-Zip: TAMPA, FL 33626 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANK TUFFY

PRES

01/04/2010

Electronic Signature of Signing Officer or Director

Date