2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726327

FILED Jan 03, 2011 Secretary of State

Entity Name: EPILEPSY SERVICES FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4628 N. ARMENIA AVE. TAMPA, FL 336032706 US

Current Mailing Address: New Mailing Address:

4628 N. ARMENIA AVE. TAMPA, FL 336032706 US

FEI Number: 59-1680892 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: 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

in the State of Florida.

SIGNATURE: Electronic Signature of Registered Agent

nt Date

OFFICERS AND DIRECTORS:

Γitle: SD

Name: BARRY, SCOTT

Address: 4624 NORTH ARMENIA AVENUE

City-St-Zip: TAMPA, FL 33603 US

Title: PD

Name: MARTIN, CHRISTOPHER
Address: 10207 THICKET POINT WAY
City-St-Zip: TAMPA, FL 33647 US

Title: VPD

Name: PEARLMAN, DOMINIQUE Address: 3000 BAYPORT DRIVE, STE. 600

City-St-Zip: TAMPA, FL 33607 US

Title: PPD

Name: TUFFY, FRANK

Address: 443 SUMMIT CHASE DRIVE City-St-Zip: VALRICO, FL 33549 US

Title:

 Name:
 CANEVARI, CASEY

 Address:
 207 WEST SOUTH AVENUE

 City-St-Zip:
 TAMPA, FL 33603 US

Title: TD

Name: FRANZESE, KEVIN

Address: 11441 CYPRESS RESERVE DRIVE

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: KEVIN FRANZESE TD 01/03/2011