2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008377

FILED Jun 06, 2008 Secretary of State

Entity Name: SUNSTATE COMPREHENSIVE EPILEPSY PROGRAM, INC.

Current Principal Place of Bus	siness: New	w Principal Place of Business:
5318 SW 91ST TERRACE GAINESVILLE, FL 32608	STE	8 SW 91ST TERRACE E.B INESVILLE, FL 32608
Current Mailing Address:	New	w Mailing Address:
5318 SW 91ST TERRACE GAINESVILLE, FL 32608	STE	8 SW 91ST TERRACE E.B INESVILLE, FL 32608
	F.S., the corporation did not receive the price	Not Applicable () Certificate of Status Desired () ior notice. ne and Address of New Registered Agent:
BACKELLARES, J. CHRIS 5318 SW 91ST TERRACE GAINESVILLE, FL 32608 US	5318 STE	CKELLARES, J. CHRIS 8 SW 91ST TERRACE E.B INESVILLE, FL 32608 US
Γhe above named entity submits n the State of Florida.	this statement for the purpose of char	anging its registered office or registered agent, or both,
SIGNATURE:		06/06/2008
Electronic Sign	ature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS
Fitle: MS. () Delete Name: WARRIMGTON, STEPH Address: 5318 SW 91ST TERR City-St-Zip: GAINESVILLE, FL 3260	Addre City-S Title:	e: WARRIMGTON, STEPHANIE DIRECTO ess: 5318 SW 91ST TERR., STE B -St-Zip: GAINESVILLE, FL 32608 US : DR () Change (X) Addition
Name: Address: City-St-Zip:	•	ress: 5318 SW 91ST TERR., STE.B -St-Zip: GAINESVILLE, FL 32608 US
Title: () Delete Name: Address: Dity-St-Zip:	Title: Name Addre City-S	e: TALTON, TONYA DIR/VP
Fitle: () Delete Name: Address: City-St-Zip:	Title: Name Addre City-S	e: AYALA, JAMES C TRES
Fitle: () Delete Name: Address: City-St-Zip:	Title: Name Addre City-S	e: COLSON, CAROL SEC
	Title:	: DR () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: J.CHRIS SACKELLARES PRES 06/06/2008