

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008377

FILED
Feb 03, 2009
Secretary of State

Entity Name: SUNSTATE COMPREHENSIVE EPILEPSY PROGRAM, INC.

Current Principal Place of Business:

5318 SW 91ST TERRACE
STE.B
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5318 SW 91ST TERRACE
STE.B
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 20-5439173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SACKELLARES, J. CHRIS
5318 SW 91ST TERRACE
STE.B
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

SACKELLARES, J. CHRIS MD
5318 SW 91ST TERRACE
STE.B
GAINESVILLE, FL 32608 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: J. CHRIS SACKELLARES, M.D.

02/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MS. () Delete
Name: WARRINGTON, STEPHANIE DIRECTO
Address: 5318 SW 91ST TERR., STE B
City-St-Zip: GAINESVILLE, FL 32608 US

Title: DR () Delete
Name: SACKELLARES, J. CHRIS PRES
Address: 5318 SW 91ST TERR., STE.B
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MS () Delete
Name: TALTON, TONYA DIR/VP
Address: 5318 SW 91ST TERR., STE. B
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MR () Delete
Name: AYALA, JAMES C TRES
Address: 5318 SW 91ST TERR., STE.B
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MS () Delete
Name: COLSON, CAROL SEC
Address: 5318 SW 91ST TERR., STE.B
City-St-Zip: GAINESVILLE, FL 32608 US

Title: DR () Delete
Name: UTHMAN, BASIM M
Address: 5318 SW 91ST TERR., STE B
City-St-Zip: GAINESVILLE, FL 32608 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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, MD

PRES

02/03/2009

Electronic Signature of Signing Officer or Director

Date