

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008377

FILED  
Feb 12, 2010  
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 MD  
5318 SW 91ST TERRACE  
STE.B  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

**Title:** MS  
**Name:** COLSON, MARCIA SEC/TRE  
**Address:** 5318 SW 91ST TERR., STE. B  
**City-St-Zip:** GAINESVILLE, FL 32608 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:** J. CHRIS SACKELLARES

DIR

02/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date