

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50842

FILED
Jan 10, 2006
Secretary of State

Entity Name: EPILEPSY SERVICES OF WEST CENTRAL FLORIDA, 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: 59-3151484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MCLAUGHLIN, TERENCE M
4307 GAINSBOROUGH CT
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

SIMPSON, GLENN
2835 BAYSHORE TRAILS DRIVE
TAMPA, FL 33611 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: GLENN SIMPSON

01/10/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FRANZESE, KEVIN
Address: 11441 CYPRESS RESERVE DR.
City-St-Zip: TAMPA, FL 33626

Title: VPD () Delete
Name: KELLEY, SUSAN
Address: 5007 UMBER WAY
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: MILAM, JEANETTE
Address: 15727 PIERMAJ LANE
City-St-Zip: LUTZ, FL 33549

Title: DT () Delete
Name: CONNOR, JIM
Address: 2901 W. BUSCH BLVD., #1010
City-St-Zip: TAMPA, FL 33618

Title: D () Delete
Name: GRANT, KARLA
Address: 701 S EDISON AVE
City-St-Zip: TAMPA, FL 33606

Title: PD () Delete
Name: SIMPSON, GLENN
Address: 2513 EDGEWOOD RD
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: STEPHENS, HILDA
Address: 5701 MARINER ST APT #204
City-St-Zip: TAMPA, FL 33609

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: D (X) Change () Addition
Name: ALVES LETO, SHERON
Address: 3100 EAST FLETCHER AVE
City-St-Zip: TAMPA, FL 33613

Title: PD (X) Change () Addition
Name: SIMPSON, GLENN
Address: 2835 BAYSHORE TRAILS DR
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the 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: GLENN SIMPSON

PD

01/10/2006

Electronic Signature of Signing Officer or Director

Date