

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50842

FILED
Jan 24, 2008
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:

SIMPSON, GLENN
2835 BAYSHORE TRAILS DRIVE
TAMPA, FL 33611 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: D () Delete
Name: STEPHENS, HILDA
Address: 5824 MARINER ST
City-St-Zip: TAMPA, FL 33609

Title: PD () 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: ALVES LETO, SHERON
Address: 3100 EAST FLETCHER AVE
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: SIMPSON, GLENN
Address: 2835 BAYSHORE TRAILS DR
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAREY, J. KEVIN
Address: 801 EAST TWIGGS ST
City-St-Zip: TAMPA, FL 33602

Title: D (X) Change () Addition
Name: KELLEY, SUSAN
Address: 5007 UMBER WAY
City-St-Zip: TAMPA, FL 33624

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

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

Title: D (X) Change () Addition
Name: LEON, YOLANDA
Address: 1115 N HIMES AVE
City-St-Zip: TAMPA, FL 33607

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: DAN GRANT

Electronic Signature of Signing Officer or Director

EXD

01/24/2008

_____ Date