

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50842

FILED  
Apr 15, 2009  
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:**

COOPER, PATTY  
340 W. RIO VISTA CT.  
TAMPA, FL 33604 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: PATTY COOPER

04/15/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: JACOBS, NANCY J  
Address: 13014 N DALE MABRY HWY STE 331  
City-St-Zip: TAMPA, FL 33618

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

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

Title: DT (X) Change ( ) Addition  
Name: CONNOR, JIM  
Address: 1316 W BUSCH BLVD  
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change ( ) Addition  
Name: SMITH, GEORGETTE  
Address: 1550 LAKE LAND HILLS BLVD  
City-St-Zip: LAKE LAND, FL 33801

Title: D (X) Change ( ) Addition  
Name: FARR, LISA  
Address: 933 W. QUEEN ST.  
City-St-Zip: LAKE LAND, FL 33803

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: PATTY COOPER

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date