

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50842

**FILED**  
**Mar 03, 2010**  
**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:**

COOPER, PATTY  
340 W. RIO VISTA CT.  
TAMPA, FL 33604 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: VD  
Name: JACOBS, NANCY J  
Address: 13014 N DALE MABRY HWY STE 331  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: KELLEY, SUSAN  
Address: 5007 UMBER WAY  
City-St-Zip: TAMPA, FL 33624

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

Title: DT  
Name: CONNOR, JIM  
Address: 1316 W BUSCH BLVD  
City-St-Zip: TAMPA, FL 33618

Title: D  
Name: SMITH, GEORGETTE  
Address: 1550 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33801

Title: D  
Name: FARR, LISA  
Address: 933 W. QUEEN ST.  
City-St-Zip: LAKELAND, FL 33803

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: PATTY COOPER

D

03/03/2010

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

\_\_\_\_\_  
Date