2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Oct 14, 2011 Secretary of State DOCUMENT# N50842

Entity Name: EPILEPSY SERVICES OF WEST CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

4618 N. ARMENIA AVE. 3811 W. SLIGH AVE TAMPA, FL 33603 TAMPA, FL 33614 US

Current Mailing Address: New Mailing Address:

4618 N. ARMENIA AVE 3811 W. SLIGH AVE TAMPA, FL 33614 TAMPA, FL 33603 US

FEI Number: 59-3151484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GRANT, DAN 3001 WILTON LA VALRICO, FL 33596

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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

JACOBS, NANCY J Name:

Address: 13014 N DALE MABRY HWY STE 331

City-St-Zip: TAMPA, FL 33618

Title:

Name: LOPEZ, RONI KAY Address: 1116 CANAL DR City-St-Zip: RUSKIN, FL 33570

Title:

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

Title: DT

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

Title:

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

Title:

GRANT, DAN Name: Address: 3001 WILTON LA VALRICO, FL 33596 City-St-Zip:

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: DAN GRANT ED 10/14/2011