

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50842

FILED  
Mar 27, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3811 W. SLIGH AVE  
TAMPA, FL 33614 US

**New Principal Place of Business:**

**Current Mailing Address:**

3811 W. SLIGH AVE  
TAMPA, FL 33614 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:**

GRANT, DAN  
3001 WILTON LA  
VALRICO, FL 33596 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: DP  
Name: LOPEZ, RONI-KAY  
Address: 1116 CANAL DR  
City-St-Zip: RUSKIN, FL 33570

Title: D  
Name: DENHAM, DEBORAH  
Address: 1270 ARAINA ST  
City-St-Zip: LAKELAND, FL 33801

Title: D  
Name: CAREY, KEVIN J  
Address: 322 S. PLANT AVE  
City-St-Zip: TAMPA, FL 33606

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

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

03/27/2012

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

\_\_\_\_\_  
Date