

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000138 (7)

1. Corporation Name

SUNCOAST EPILEPSY SERVICES, INC.



Principal Place of Business

**5580 PARK BOULEVARD
SUITE 4
PINELLAS PARK FL 34665**

Mailing Address

**5580 PARK BOULEVARD
SUITE 4
PINELLAS PARK FL 34665**

3. Date Incorporated or Qualified
01/03/1994

3a. Date of Last Report
02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3216252

Applied For
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GREGORY & SPURGIN, P.A.
442 WEST KENNEDY BOULEVARD
SUITE 220
TAMPA FL 33606**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **CLARK, KENNETH C.**
STREET ADDRESS **3509B SHERWOOD DRIVE, NORTH**
CITY-ST-ZIP **LARGO FL**

11 TITLE **PD** ☒ Change ☐ Addition
12 NAME **Anthony Laster**
13 STREET ADDRESS **746 Heritage Lane #B**
14 CITY-ST-ZIP **Largo, FL 34640**

TITLE **VD** ☐ DELETE
NAME **DAMERON, DIANA**
STREET ADDRESS **2320 COFFEE POT DRIVE**
CITY-ST-ZIP **ST. PETERSBURG FL**

21 TITLE **VD** ☒ Change ☐ Addition
22 NAME **Richard McCleary**
23 STREET ADDRESS **1017 Beaver Drive**
24 CITY-ST-ZIP **Tarpon Springs, FL**

TITLE **STD** ☐ DELETE
NAME **MACARI, CLAUDE**
STREET ADDRESS **200 33RD AVENUE, NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

31 TITLE **TD** ☐ Change ☐ Addition
32 NAME **Claude Macari**
33 STREET ADDRESS **200 33rd Avenue North**
34 CITY-ST-ZIP **St. Petersburg, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE **SD** ☐ Change ☒ Addition
42 NAME **Ann Beller**
43 STREET ADDRESS **13299 87th Avenue N.**
44 CITY-ST-ZIP **Seminole, FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bonita A. Skaggs* Executive Director 1-23-96 (813) 546-2856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)