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FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

5580 PARK BOULEVARD  
SUITE 4  
PINELLAS PARK FL 346655580 PARK BOULEVARD  
SUITE 4  
PINELLAS PARK FL 33781-33283. Date Incorporated or Qualified  
01/03/19943a. Date of Last Report  
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 5700 54th Avenue North

26 5700 54th Avenue North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23 St. Petersburg, Florida

28 St. Petersburg, Florida

Zip

Country

Zip

Country

24 33709

25 Pinellas

29 33709

30 Pinellas

5. Certificate of Status Desired ☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. 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  
NAME LESTER, ANTHONY  
STREET ADDRESS 746 HERITAGE LANE #B  
CITY-ST-ZIP LARGO FL ☐ DELETE1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE VD  
NAME MCCLEARY, RICHARD  
STREET ADDRESS 1017 BEAVER DR  
CITY-ST-ZIP TARPON SPRINGS FL ☐ DELETE2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE TD  
NAME MACARI, CLAUDE  
STREET ADDRESS 200 33RD AVENUE, NORTH  
CITY-ST-ZIP ST. PETERSBURG FL ☒ DELETE3.1 TITLE TD  
3.2 NAME Pidgeon, Phillip D.  
3.3 STREET ADDRESS 106 12th Avenue South  
3.4 CITY-ST-ZIP Safety harbor, Florida 34695 ☐ Change ☒ AdditionTITLE SD  
NAME BELLER ANN  
STREET ADDRESS 13299 87TH AVENUE NORTH  
CITY-ST-ZIP SEMINOLE FL ☐ DELETE4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ AdditionTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Skaggs, Executive Director

1/13/97

Date

Daytime Phone # 0052185

CR2E037 (9/96)