




# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N94000005981</b> 1. Entity Name <b>EPILEPSY SERVICES OF SOUTHWEST FLORIDA, INC.</b>						<b>FILED</b> <b>07 MAY -4 PM 3:55</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>1900 MAIN STREET SUITE 212 SARASOTA, FL 34236</b>		Mailing Address <b>1900 MAIN STREET SUITE 212 SARASOTA, FL 34236</b>					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04232007 Chg-NP CR2E037 (12/06)		4. FEI Number <b>59-3281492</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For		<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent			
<b>GERRITY, THOMAS E 1900 MAIN STREET SUITE 212 SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent			
Name				Street Address (P.O. Box Number is Not Acceptable)			
City				<b>FL</b>		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GUSTAFSON, DAVID A</b> <b>1667 PINYON PINE DRIVE</b> <b>SARASOTA, FL 34240</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000103096560</b> <b>05/23/07--01014--001 *\$61.25</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S&amp;T</b> <b>ABRAHM, JAY</b> <b>4280 BALDEN DRIVE</b> <b>SARASOTA, FL 34241</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4280 Malden Drive</b> <b>Sarasota, FL 34241</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SUCH, CHUCK</b> <b>4339 MEADOWLAND CIRCLE</b> <b>SARASOTA, FL 34233</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARROLL, ROBERT F</b> <b>567 BELLAIRE DRIVE</b> <b>VENICE, FL 34293</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CARROLL, SHARON F</b> <b>17611 WHITE FOX DRIVE</b> <b>PARRISH, FL 34219</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AZADIAN, ANDREW RN, C</b> <b>4388 PASADENA CIRCLE</b> <b>SARASOTA, FL 34233</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
<b>SIGNATURE: <i>David Gustafson</i></b>				<b>4-25-07</b>		Date	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>			