

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005981

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** EPILEPSY SERVICES OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

1900 MAIN STREET  
SUITE 212  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1900 MAIN STREET  
SUITE 212  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 59-3281492      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

GERRITY, THOMAS E  
1900 MAIN STREET  
SUITE 212  
SARASOTA, FL 34236 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: V ( ) Delete  
Name: GUSTAFSON, DAVID A  
Address: 1667 PINYON PINE DRIVE  
City-St-Zip: SARASOTA, FL 34240

Title: S/T ( ) Delete  
Name: ABRAHM, JAY  
Address: 4280 MALDEN DRIVE  
City-St-Zip: SARASOTA, FL 34241

Title: P ( ) Delete  
Name: SUCH, CHUCK  
Address: 4339 MEADOWLAND CIRCLE  
City-St-Zip: SARASOTA, FL 34233

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SUCH, CHUCK  
Address: 4339 MEADOWLAND CIRCLE  
City-St-Zip: SARASOTA, FL 34233

Title: VP (X) Change ( ) Addition  
Name: HOCH, AUGUST  
Address: 2705 WISTERIA PLACE  
City-St-Zip: SARASOTA, FL 34239

Title: S/T (X) Change ( ) Addition  
Name: ABRAMS, JAY  
Address: P.O. BOX 18813  
City-St-Zip: SARASOTA, FL 34241

Title: DR. ( ) Change (X) Addition  
Name: CARLIN, LANE  
Address: 15296 FIDDLESTICKS BLVD.  
City-St-Zip: FORT MYERS, FL 33912

Title: ESQ. ( ) Change (X) Addition  
Name: CHAPNICK, BRUCE P  
Address: 2033 MAIN STREET SUITE 600  
City-St-Zip: SARASOTA, FL 34237

Title: DR. ( ) Change (X) Addition  
Name: VAN PASSEL, LEONIE  
Address: 7853 ESTANCIA WAY  
City-St-Zip: SARASOTA, FL 34238

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHUCK SUCH

P

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date