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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N95000000692 (2)

1. Corporation Name

FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
5580 PARK BLVD SUITE 4 PINELLAS PARK FL 33781	5580 PARK BLVD SUITE 4 PINELLAS PARK FL 33781-3328

3. Date Incorporated or Qualified: 02/13/1995
3a. Date of Last Report: 09/09/1996

4. FEI Number: 65-0559229 ☐ Applied For ☐ Not Applicable

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

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

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

2. Principal Place of Business	2a. Mailing Address
21 5700 54th Avenue North	26 5700 54th Avenue north
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 St. Petersburg, Florida	28 St. petersburg, Florida
24 Zip: 33709 — 25 Country: Pinellas	29 Zip: 33709 — 30 Country: Pinellas

9. Name and Address of Current Registered Agent

SKAGGS, BONNIE
5580 PARK BLVD
SUITE 4
PINELLAS PARK FL 33781

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 5700 54th AVE N

83

84 City: ST. PETERSBURG FL 85 Zip Code: 33709

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	11 TITLE		☐ Change ☐ Addition
NAME	GITTENS, VICTOR		12 NAME		
STREET ADDRESS	6701 MIRROR LAKE AVE		13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		XXX Change ☐ Addition
NAME	SKAGGS, BONNIE		22 NAME		
STREET ADDRESS	5580 PARK BLVD		23 STREET ADDRESS	5700 54th Avenue North	
CITY-ST-ZIP	PINELLAS PARK FL 34665		24 CITY-ST-ZIP	St. Petersburg, Florida 33709	
TITLE	TD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	CLARK, KENNETH C		32 NAME		
STREET ADDRESS	539 59TH AVE		33 STREET ADDRESS		
CITY-ST-ZIP	ST. PETE BEACH FL 33716		34 CITY-ST-ZIP		
TITLE	V	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	LYONS, JIM		42 NAME		
STREET ADDRESS	1010-B NW 8TH AVE.-MEDICAL GARDENS		43 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32601		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (9/96)

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: [signature] 5/30/97