

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90037 044 \*\*\*\*70.00

**DOCUMENT # N95000000692**

1. Entity Name

**FLORIDA EPILEPSY SERVICES PROVIDERS  
ASSOCIATION, INC**



Principal Place of Business

**1108-B EAST PARK AVE  
TALLAHASSEE FL 32301  
US**

Mailing Address

**1108-B EAST PARK AVE  
TALLAHASSEE FL 32301  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

**65-0559229**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**WOODWARD, JOHN T  
1108-B EAST PARK AVE  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONDS, JESS 10912 N. 14TH ST TAMPA FL 33612	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARMEN, CHARLES 22 W. LAKE BEAUTY DR., STE 314 ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, FRANK JR 6190 NICOLE CT SARASOTA FL 34243	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARNELL, ALAN 3135 S.R. 580., #7 SAFETY HARBOR FL 34695	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEAN, PATRICIA 3100 S.W. 62ND AVE MIAMI FL 33155	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HATFIELD, RICH 5209 SAN JOSE BLVD., STE. 101 JACKSONVILLE FL 32207	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHLES, KATHY 7300 N. KENDALL DR., STE 700 MIAMI FL 33156	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1221 W. COLONIAL DR., STE 105 ORLANDO FL 32804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLER, ANN 5700 54TH AVE. N. ST. PETERSBURG FL 33709	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERRITY, TOM 1900 MAIN ST., STE 212 SARASOTA FL 34236	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 7300 N. KENDALL DR., STE 700 MIAMI FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 7300 N. KENDALL DR., STE 700 MIAMI FL 33156	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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.

**SIGNATURE:**

*John T. Woodward* John T. Woodward

3/24/04

(850) 222-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Attachment*

**FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION, INC.**

**DOCUMENT # N95000000692**

**10. OFFICERS AND DIRECTORS (continued)**

D  
HARRIS, LINDA  
8 N. COYLE ST.  
PENSACOLA FL 32502

D  
HOCH, AUGUST  
1900 MAIN ST., STE 212  
SARASOTA FL 34236

D  
HUTCHESON, JOHN  
8 N. COYLE ST.  
PENSACOLA FL 32502

D  
JONES, CHARLES  
5209 SAN JOSE BLVD., STE 101  
JACKSONVILLE FL 32207

D  
JORDAN, CHRIS  
4618 N. ARMENIA AVE.  
TAMPA FL 33603

D  
KATZ, DICK  
1221 W. COLONIAL DR., STE 105  
ORLANDO FL 32804

D  
LYONS, JIM  
1100 NW 8<sup>TH</sup> AVE., STE A  
GAINESVILLE FL 32601

D  
ORTH, THOMAS  
4618 N. ARMENIA AVE.  
TAMPA FL 33603

D  
RAMMINGER, JIM  
8 N. COYLE ST.  
PENSACOLA FL 32502

D  
SKAGGS, BONNIE  
5700 54<sup>TH</sup> AVE. N.  
ST. PETERSBURG FL 33709

SD  
UBERMAN, CHERYL  
1108-B E. PARK AVE.  
TALLAHASSEE FL 32301

TD  
WOODWARD, JOHN  
1108-B E. PARK AVE.  
TALLAHASSEE FL 32301

D  
ZIRULNICK, JEFF  
7300 N. KENDALL DR., STE 700  
MIAMI FL 33156