
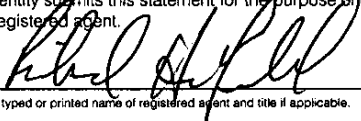
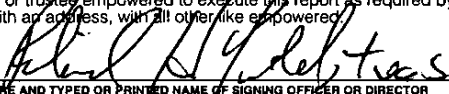


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90312 016 \*\*\*\*61.25

<b>DOCUMENT # N95000000692</b> 1. Entity Name <b>FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION, INC</b>					
Principal Place of Business <b>1108-B EAST PARK AVE TALLAHASSEE, FL 32301 US</b>			Mailing Address <b>1108-B EAST PARK AVE TALLAHASSEE, FL 32301 US</b>		
2. Principal Place of Business <b>5209 San Jose Blvd</b> Suite, Apt. #, etc. <b>Ste. 101</b> City & State <b>Jacksonville, FL</b> Zip <b>32207</b>			3. Mailing Address <b>5209 San Jose Blvd.</b> Suite, Apt. #, etc. <b>ste 101</b> City & State <b>Jacksonville, FL</b> Zip <b>32207</b>		
Country <b>Duval</b>			Country <b>Duval</b>		
4. FEI Number <b>65-0559229</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>WOODWARD, JOHN T 1108-B EAST PARK AVE TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent Name <b>Richard Hatfield</b> Street Address (P.O. Box Number is Not Acceptable) <b>5209 San Jose Blvd</b> <b>ste-101</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32207</b>		
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  DATE <b>4/19/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE <b>D</b>	NAME <b>AHLES, KATHY</b>		TITLE <b>D</b>	NAME <b>Charles Jones</b>	
STREET ADDRESS <b>7300 N. KENDALL DR., SUITE 700</b>	CITY-ST-ZIP <b>MIAMI, FL 33156</b>		STREET ADDRESS <b>1909 University Blvd.</b>	CITY-ST-ZIP <b>Jacksonville, FL 32218</b>	
TITLE <b>D</b>	NAME <b>CARMEN, CHARLES</b>		TITLE <b>D-VP</b>	NAME <b>Tom Gerrity</b>	
STREET ADDRESS <b>1221 W. COLONIAL DR., SUITE 105</b>	CITY-ST-ZIP <b>ORLANDO, FL 32804</b>		STREET ADDRESS <b>1900 Main St.-#212</b>	CITY-ST-ZIP <b>Sarasota FL 34236</b>	
TITLE <b>PD</b>	NAME <b>BELLER, ANN</b>		TITLE <b>-</b>	NAME <b>-</b>	
STREET ADDRESS <b>5700 54TH AVE. N.</b>	CITY-ST-ZIP <b>SAINT PETERSBURG, FL 33709</b>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE <b>TD</b>	NAME <b>WOODWARD, JOHN</b>		TITLE <b>-</b>	NAME <b>-</b>	
STREET ADDRESS <b>1108-B E. PARK AVE.</b>	CITY-ST-ZIP <b>TALLAHASSEE, FL 32301</b>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE <b>D</b>	NAME <b>DEAN, PATRICIA</b>		TITLE <b>D-S</b>	NAME <b>Dick Katz</b>	
STREET ADDRESS <b>7300 N. KENDALL DR., SUITE 700</b>	CITY-ST-ZIP <b>MIAMI, FL 33156</b>		STREET ADDRESS <b>4466 John Young Pkwy</b>	CITY-ST-ZIP <b>Orlando, FL 32084</b>	
TITLE <b>VD</b>	NAME <b>HATFIELD, RICH</b>		TITLE <b>D-T</b>	NAME <b>-</b>	
STREET ADDRESS <b>5209 SAN JOSE BLVD., STE. 101</b>	CITY-ST-ZIP <b>JACKSONVILLE, FL 32207</b>		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
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:  DATE <b>04/19/05</b> DAYTIME PHONE # <b>(904) 731-3752</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					