


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90387 011 ****61.25

DOCUMENT # N95000000692 1. Entity Name FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION, INC					
Principal Place of Business 5209 SAN JOSE BLVD SUITE 101 JACKSONVILLE, FL 32207 US			Mailing Address 5209 SAN JOSE BLVD SUITE 101 JACKSONVILLE, FL 32207 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0559229	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HATFIELD, RICHARD 5209 SAN JOSE BLVD SUITE 101 JACKSONVILLE, FL 32207				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, CHARLES 1909 UNIVERSITY BLVD S., SUITE 802 JACKSONVILLE, FL 32216 <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	DVP GERRITY, TOM 1900 MAIN STREET # 212 SARASOTA, FL 34236 <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	PD BELLER, ANN 5700 54TH AVE. N. SAINT PETERSBURG, FL 33709 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mr. Glenn Simpson D/P 2835 Bayshore Trail Dr. Tampa, FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KATZ, DICK 4466 JOHN YOUNG PKWY ORLANDO, FL 32084 <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	DT HATFIELD, RICH 5209 SAN JOSE BLVD., STE. 101 JACKSONVILLE, FL 32207 <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	<input 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.					
SIGNATURE: _____		Rich Hatfield <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/14/06 (904) 731-3752 <small>Date Daytime Phone #</small>	

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Question 11-Officers & Directors

40051716 ATTACHMENT

1. Ms. Karen Egozi-D
7300 N Kendall Dr.-ste 700
Miami FL 33156
2. Mr. Tom Orth-D
4618 N Armenia Ave.
Tampa, FL 33603
3. Mr. Chuck Carmen-VP/D
1221 W. Colonial Dr.-ste 105
Orlando, FL 32084
4. Mr. Michael Finch-D
5700 54 Ave. N.
St. Petersburg, FL 33709
5. Mr. Dan Grant-VP/D
4618 N Armenia Ave.
Tampa, FL 33603
6. Ms. Ann Beller-D
5700 54th Ave. N.
St. Petersburg, FL 33709
7. Mr. Tom Gerrity-D
1900 MainSt.-#212
Sarasota, FL 34236