

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 18, 2006
Secretary of State

DOCUMENT# N95000000692

Entity Name: FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION, INC**Current Principal Place of Business:**5209 SAN JOSE BLVD
SUITE 101
JACKSONVILLE, FL 32207 US**New Principal Place of Business:**1215 LEE AVENUE
M-4
TALLAHASSEE, FL 32303 US**Current Mailing Address:**5209 SAN JOSE BLVD
SUITE 101
JACKSONVILLE, FL 32207 US**New Mailing Address:**1221 W. COLONIAL DR.
SUITE 103
ORLANDO, FL 32804 US**FEI Number:** 65-0559229**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HATFIELD, RICHARD
5209 SAN JOSE BLVD
SUITE 101
JACKSONVILLE, FL 32207 US**Name and Address of New Registered Agent:**CARMEN, CHARLES
1221 W. COLONIAL DR.
SUITE 103
ORLANDO, FL 32804 US

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: CHARLES F. CARMEN

10/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JONES, CHARLES
Address: 1909 UNIVERSITY BLVD S., SUITE 802
City-St-Zip: JACKSONVILLE, FL 32216

Title: DP () Delete
Name: SIMPSON, MR. GLENN
Address: 2835 BAYSHORE TRAIL DR.
City-St-Zip: TAMPA, FL 33611

Title: DS () Delete
Name: KATZ, DICK
Address: 4466 JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL 32084

Title: DT () Delete
Name: HATFIELD, RICH
Address: 5209 SAN JOSE BLVD.,STE.101
City-St-Zip: JACKSONVILLE, FL 32207

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SIMPSON, GLENN
Address: 2835 BAYSHORE TRAILS
City-St-Zip: TAMPA, FL 33611

Title: VP (X) Change () Addition
Name: GRANT, DAN
Address: 4618 N. ARMENIA
City-St-Zip: TAMPA, FL 33603

Title: SEC (X) Change () Addition
Name: KATZ, DICK
Address: 4466 JOHN YOUNG PKWY
City-St-Zip: ORLANDO, FL 32084

Title: TREA (X) Change () Addition
Name: CARMEN, CHARLES F
Address: 1221 W. COLONIAL DR., SUITE 103
City-St-Zip: ORLANDO, FL 32804

Title: DIR () Change (X) Addition
Name: FRISBY, MARRY ANN
Address: 265 W. MADISON ST.
City-St-Zip: MONTICELLO, FL 32344

Title: DIR () Change (X) Addition
Name: ORTH, TOM
Address: 4618 N. ARMENIA
City-St-Zip: TAMPA, FL 33603

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES F. CARMEN

TREA

10/18/2006

Electronic Signature of Signing Officer or Director

Date