

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000692

FILED
Jan 03, 2007
Secretary of State

Entity Name: FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION, INC

Current Principal Place of Business:

1215 LEE AVENUE
M-4
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

1221 W. COLONIAL DR.
SUITE 103
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 65-0559229 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CARMEN, CHARLES
1221 W. COLONIAL DR.
SUITE 103
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/03/2007

Electronic Signature of Signing Officer or Director

Date