

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 05, 2011
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:

109 N. KIRKMAN ROAD
ORLANDO, FL 32811 US

New Mailing Address:

5700 54TH AVENUE N.
ST. PETERSBURG, FL 32782 US

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
109 NORTH KIRKMAN ROAD
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

FINCH, MICHAEL
5700 54TH AVENUE N.
ST. PETERSBURG, FL 33782 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: MICHAEL FINCH

01/05/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: BELLER, ANN
Address: 13150 110TH AVENUE N.
City-St-Zip: SEMINOLE, FL 33774

Title: VP
Name: FINCH, MICHAEL
Address: 5700 54TH AVENUE N.
City-St-Zip: ST. PETERSBURG, FL 33709

Title: TREA
Name: CARMEN, CHARLES F
Address: 109 NORTH KIRKMAN ROAD
City-St-Zip: ORLANDO, FL 32811

Title: SEC
Name: FRISBY, MARRY ANN
Address: 265 W. MADISION ST.
City-St-Zip: MONTICELLO, FL 32344

Title: DIR
Name: GRANT, DAN
Address: 4618 N. ARMENIA AVENUE.
City-St-Zip: TAMPA, FL 33603

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL FINCH

DIR

01/05/2011

Electronic Signature of Signing Officer or Director

Date