

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

005564

DOCUMENT # N95000000692

1. Entity Name

FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION, INC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -7 PM 2:54

Principal Place of Business

1108-B EAST PARK AVE
TALLAHASSEE FL 32301
US

Mailing Address

1108-B EAST PARK AVE
TALLAHASSEE FL 32301
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

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODWARD, JOHN T
1108-B EAST PARK AVE
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 D ☐ Delete
NAME BONDS, JESS
STREET ADDRESS 10912 N. 14TH ST
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Change ☐ Addition
NAME 500016230455
STREET ADDRESS 04/18/03--01007--014 **70.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CARMEN, CHARLES
STREET ADDRESS 22 W. LAKE BEAUTY DR., STE 314
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CARROLL, FRANK JR
STREET ADDRESS 6190 NICOLE CT
CITY-ST-ZIP SARASOTA FL 34243

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DARNELL, ALAN
STREET ADDRESS 3135 S.R. 580., #7
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME DEAN, PATRICIA
STREET ADDRESS 3100 S.W. 62ND AVE
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME DEVINE, JOYCE
STREET ADDRESS 5730 CORPORATE WAY., #220
CITY-ST-ZIP WEST PALM BEACH FL 33407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

John T. Woodward

John T. Woodward

4/4/2003

(850) 222-1777

CR2E037 (10/02)

FLORIDA EPILEPSY SERVICES PROVIDERS ASSOCIATION, INC.

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10. OFFICERS AND DIRECTORS (continued)

SD
HATFIELD, RICH
5209 SAN JOSE BLVD., STE 101
JACKSONVILLE FL 32207

TD
WOODWARD, JOHN
1108-B E. PARK AVE.
TALLAHASSEE FL 32301

D
HUTCHESON, JOHN
10064 HUNTSMAN PATH
PENSACOLA FL 32514

D
ZIRULNICK, JEFF
7300 N. KENDALL DR., #700
MIAMI FL 33156

D
JONES, CHARLES
5209 SAN JOSE BLVD., STE 101
JACKSONVILLE FL 32207

D
LYONS, JIM
1100 NW 8TH AVE., STE A
GAINESVILLE FL 32601

D
ORTH, THOMAS
4618 N. ARMENIA AVE.
TAMPA FL 33603

VD
RAMMINGER, JIM
8 N. COYLE ST.
PENSACOLA FL 32501

D
SKAGGS, BONNIE
5700 54TH AVE. N.
ST. PETERSBURG FL 33709

D
UBERMAN, CHERYL
20 SANDPIPER LANE
CRAWFORDVILLE FL 32327