

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000002885 (0)**

1. Corporation Name

**THE EPILEPSY SERVICES PROGRAM OF CENTRAL FLORIDA  
, INC.**



Principal Place of Business

Mailing Address

**22 W LAKE BEAUTY DRIVE SUITE 314  
ORLANDO FL 32806**

**22 W LAKE BEAUTY DRIVE SUITE 314  
ORLANDO FL 32806**

3. Date Incorporated or Qualified

**06/14/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARE, MARK  
22 W LAKE BEAUTY DRIVE SUITE 314  
ORLANDO FL 32806**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D GANTT, DOUGLAS**  
STREET ADDRESS **603 N GARFIELD AVE**  
CITY-ST-ZIP **DELAND FL**

TITLE ☐ DELETE

NAME **D ANGELO, TONY D**  
STREET ADDRESS **305 LAKEPOINT DR APT 304**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ DELETE

NAME **D PARE, MARK**  
STREET ADDRESS **1207 EDWARDS LANE**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ DELETE

NAME **D CAMM, ELIZABETH**  
STREET ADDRESS **2675 MIDDLESEX ROAD**  
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ DELETE

NAME **D MARINELLI, KATHY**  
STREET ADDRESS **7384 RUSH COURT**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☐ DELETE

NAME **D LOPEZ, NANCY**  
STREET ADDRESS **8228 ALCOA COURT**  
CITY-ST-ZIP **ORLANDO FL 32836**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**800001786498**  
**-04/19/96--01009--019**  
**\*\*\*140.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-27-96**

Date

**407-422-1411**

Daytime Phone #

CR2E037 (12/95)