# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 21, 2011**
**Secretary of State**

DOCUMENT# P02000000245

**Entity Name:** FLORIDA COMPREHENSIVE EPILEPSY AND SEIZURE DISORDERS CENTER, P.A.

**Current Principal Place of Business:**

3000 EAST FLETCHER AVENUE
SUITE 250
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

3000 EAST FLETCHER AVENUE
SUITE 250
TAMPA, FL 33613

**New Mailing Address:**

**FEI Number: 60-0001829** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARPER, LEWIS W ESQ
6817 SOUTHPOINT PARKWAY
SUITE 1804
JACKSONVILLE,, FL 32216 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: PD
Name: RODGERS-NEAME, NANCY T
Address: 3000 EAST FLETCHER AVENUE SUITE 250
City-St-Zip: TAMPA, FL 33613

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NANCY T. RODGERS-NEAME, MD PD 02/21/2011

Electronic Signature of Signing Officer or Director — Date