2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# P07000041379

Entity Name: SUNCOAST PEDIATRIC EPILEPSY & NEUROPSYCHOLOGY SPECIALISTS, INC

Current Principal Place of Business:

3418 GRACE ST
TAMPA, FL 33607

New Principal Place of Business:

833 CYPRESS VILLAGE BLVD
RUSKIN, FL 33573

Current Mailing Address:

3418 GRACE ST
TAMPA, FL 33607

New Mailing Address:

833 CYPRESS VILLAGE BLVD
RUSKIN, FL 33573

FEI Number: 20-8791690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, YOLANDA C DR
3418 GRACE ST
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

LEON, YOLANDA C DR
833 CYPRESS VILLAGE BLVD
RUSKIN, FL 33573 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: YOLANDA C LEON 05/02/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEON, YOLANDA C DR
Address: 3418 GRACE ST
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: LEON, ROLANDO
Address: 3418 GRACE ST
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: LEON, YOLANDA C DR
Address: 833 CYPRESS VILLAGE BLVD
City-St-Zip: RUSKIN, FL 33573

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

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOLANDA C LEON D 05/02/2008
Electronic Signature of Signing Officer or Director Date