

# **2009 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000041379

**FILED**  
**Nov 11, 2009**  
**Secretary of State**

**Entity Name:** SUNCOAST PEDIATRIC EPILEPSY & NEUROPSYCHOLOGY SPECIALISTS, INC

**Current Principal Place of Business:**

833 CYPRESS VILLAGE BLVD  
RUSKIN, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

833 CYPRESS VILLAGE BLVD  
RUSKIN, FL 33573

**New Mailing Address:**

**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  
833 CYPRESS VILLAGE BLVD  
RUSKIN, FL 33573 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: DR. YOLANDA LEON

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 LEON

DR.

11/11/2009

Electronic Signature of Signing Officer or Director

Date