## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000028573

Apr 25, 2012 Secretary of State

Entity Name: PEDIATRIC EPILEPSY & NEUROLOGY SPECIALISTS, P.A.

Current Principal Place of Business: New Principal Place of Business:

508 S .HABANA AVENUE SUITE 340 TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

508 S. HABANA AVENUE SUITE 340 TAMPA, FL 33609

FEI Number: 59-3501126 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

LANDOLFI, JOHN C
3710 DE LEON ST.
TAMPA, FL 33609 US
FERREIRA, FELICIA A
508 S. HABANA AVE.
SUITE 340
TAMPA, FL 33609 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: FELICIA A FERREIRA 04/25/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

Name: FERREIRA, JOSE A

Address: 508 SOUTH HABANA AVENUE, STE.340

City-St-Zip: TAMPA, FL 33609

Title: S

Name: FERREIRA, FELICIA A

Address: 508 SOUTH HABANA AVENUE, SUITE 340

City-St-Zip: TAMPA, FL 33609

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: JOSE A FERREIRA CEO 04/25/2012