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.

CFO

SIGNATURE: FELICIA FERREIRA

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P98000028573

Entity Name: PEDIATRIC EPILEPSY & NEUROLOGY SPECIALISTS, CORP.

Current Principal Place of Business:

508 S .HABANA AVENUE SUITE 340 TAMPA, FL 33609

Current Mailing Address:

508 S. HABANA AVENUE SUITE 340 TAMPA, FL 33609

FEI Number: 59-3501126

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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:

Officer/Director Detail :			
Title	Ρ	Title	CFO
Name	FERREIRA, JOSE A	Name	FERREIRA, FELICIA A MBA MHC
Address	508 SOUTH HABANA AVENUE, STE.340	Address	508 SOUTH HABANA AVENUE, SUITE 340
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609
Title	V		
Name	FERREIRA, CARMEN I MD		
Address	508 SOUTH HABANA AVENUE, SUITE 340		
City-State-Zip:	TAMPA FL 33609		

Certificate of Status Desired: No

FILED Apr 29, 2015 Secretary of State CC6304737924

Date