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

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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:

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:

Electronic Signature of Registered Agent **Officer/Director Detail :** Title Р Title CFO FERREIRA, JOSE A Name Name FERREIRA, FELICIA A MBA MHC 508 SOUTH HABANA AVENUE, 508 SOUTH HABANA AVENUE, SUITE Address Address STE.340 340 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

01/09/2019

FILED Jan 09, 2019 Secretary of State 2128135849CC

Date