2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# N00000008479

Entity Name: MULTIPLE SCLEROSIS CENTER OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

971 3RD AVE N
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7691
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 31-1763776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PENTZ, PAUL
971 3RD AVE N
NAPLES, FL 34102 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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP
Name: PENTZ, PAUL
Address: 13661 PONDVIEW CIRCLE
City-St-Zip: NAPLES, FL 34119 US

Title: DVP
Name: SCHMERLER, HENRY
Address: 4661 IDYLWOOD LANE
City-St-Zip: NAPLES, FL 34119 US

Title: DT
Name: GERSCH, DARREN
Address: 137 FORESTWOOD DRIVE
City-St-Zip: NAPLES, FL 34110 US

Title: D
Name: MONTGOMERY, JODIE
Address: 28210 OLD 41 ROAD, #305
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DS
Name: FISHER, JULIE B
Address: 1361 SERRANO CIRCLE
City-St-Zip: NAPLES, FL 34105 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JULIE B. FISHER DS 02/17/2011
Electronic Signature of Signing Officer or Director Date