2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2020
Secretary of State
2699348131CC

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

Current Principal Place of Business:

3372 WOODS EDGE CIRCLE
103
BONITA SPRINGS, FL 34134

Current Mailing Address:

3372 WOODS EDGE CIRCLE
#103
BONITA SPRINGS, FL 34134 US

FEI Number: 31-1763776

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FISHER, JULIE B
3372 WOODS EDGE CIRCLE
#103
BONITA SPRINGS, FL 34134 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 — Date

Officer/Director Detail :

Title	SECRETARY
Name	FISHER, JULIE B
Address	3372 WOODS EDGE CIRCLE # 103
City-State-Zip:	BONITA SPRINGS FL 34134

Title	TREASURER
Name	HALLINAN, KEVIN
Address	3372 WOODS EDGE CIRCLE #103
City-State-Zip:	BONITA SPRINGS FL 34134

Title	CHAIRMAN
Name	MCGINTY, BRIAN
Address	3372 WOODS EDGE CIRCLE # 103
City-State-Zip:	BONITA SPRINGS FL 34134

Title	BOARD MEMBER
Name	PENTZ, PAUL
Address	3372 WOODS EDGE CIRCLE # 103
City-State-Zip:	BONITA SPRINGS FL 34134

Title	EXECUTIVE DIRECTOR
Name	JASSO, COZETTA KAY
Address	3372 WOODS EDGE CIRCLE #103
City-State-Zip:	BONITA SPRINGS FL 34134

Title	BOARD MEMBER
Name	FLORES, MATTHEW P ESQ.
Address	3372 WOODS EDGE CIRCLE #103
City-State-Zip:	BONITA SPRINGS FL 34134

Title	VICE CHAIR
Name	DIENER, SHANNON
Address	3372 WOODS EDGE CIRCLE # 103
City-State-Zip:	BONITA SPRINGS FL 34134

Title	BOARD MEMBER
Name	STANISCE, CHARLES
Address	3372 WOODS EDGE CIRCLE # 103
City-State-Zip:	BONITA SPRINGS FL 34134

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: COZETTA KAY JASSO EXECUTIVE DIRECTOR 04/05/2020

Electronic Signature of Signing Officer/Director Detail — Date