2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2013
Secretary of State
CC0925936215

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

Current Principal Place of Business:

971 3RD AVE N
NAPLES, FL 34102

Current Mailing Address:

PO BOX 7691
NAPLES, FL 34101 US

FEI Number: 31-1763776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FISHER, JULIE B
971 3RD AVE N
NAPLES, FL 34102 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	DIRECTOR
Name	PENTZ, PAUL
Address	13661 PONDVIEW CIRCLE
City-State-Zip:	NAPLES FL 34119

Title	TREASURER
Name	GERSCH, DARREN
Address	137 FORESTWOOD DRIVE
City-State-Zip:	NAPLES FL 34110

Title	CHAIRMAN
Name	FISHER, JULIE B
Address	1361 SERRANO CIRCLE
City-State-Zip:	NAPLES FL 34105

Title	DIRECTOR
Name	SCHMERLER, HENRY
Address	4484 BRYNWOOD DRIVE
City-State-Zip:	NAPLES FL 34119

Title	DS
Name	ORVIS, MOLLY
Address	116 EUCALYPTIS COURT
City-State-Zip:	FORT MYERS BEACH FL 33931

Title	VC
Name	FEINSTEIN, ERIC
Address	13524 ROSEWOOD LANE
City-State-Zip:	NAPLES FL 34119

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 CHAIRMAN 03/28/2013

Electronic Signature of Signing Officer/Director Detail — Date