

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000008479

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

FILED
Jun 10, 2016
Secretary of State
CC1633938325

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 CHAIRMAN EMERITUS/DIRECTOR
Name PENTZ, PAUL
Address 13661 PONDVIEW CIRCLE
City-State-Zip: NAPLES FL 34119

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

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

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

Title VICE CHAIRMAN/DIRECTOR
Name FEINSTEIN, ERIC
Address 13524 ROSEWOOD LANE
City-State-Zip: NAPLES FL 34119

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

Title DIRECTOR
Name HUNTINGTON, JAMIE
Address 7648 MARTINO CIRCLE
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name KNIGHT, JEFF
Address 6189 FREEMONT DRIVE
City-State-Zip: NAPLES FL 34119

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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

06/10/2016

Officer/Director Detail Continued :

Title DIRECTOR
Name SASHIN, ELYSE
Address 3219 HORSE CARRIAGE WAY #6
City-State-Zip: NAPLES FL 34105

Title SECRETARY
Name FLORES, MATTHEW P ESQ.
Address 971 3RD AVE N
City-State-Zip: NAPLES FL 34102

Title DIRECTOR
Name WILKERSON, JIM
Address 4904 SEDGEWOOD LANE
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name BELLENOIT, PAUL
Address 971 3RD AVE N
City-State-Zip: NAPLES FL 34102