2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2025
Secretary of State
5352018274CC

DOCUMENT# N00000008479

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

Current Principal Place of Business:

8200 HEALTH CENTER BLVD
104
BONITA SPRINGS, FL 34135

Current Mailing Address:

8200 HEALTH CENTER BLVD
104
BONITA SPRINGS, FL 34135 US

FEI Number: 31-1763776

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLORES, MATTHEW ESQ.
8200 HEALTH CENTER BLVD
#104
BONITA SPRINGS, FL 34135 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: MATTHEW FLORES 02/13/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIR
Name	STANISCE, CHARLES
Address	8200 HEALTH CENTER BLVD #104
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	SMITH, SHANE
Address	8200 HEALTH CENTER BLVD, 104
City-State-Zip:	BONITA SPRINGS FL 34135

Title	TREASURER
Name	LARSON, JEANNE
Address	8200 HEALTH CENTER BLVD, 104
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	GORSKI, GRANT
Address	8200 HEALTH CENTER BLVD, 104
City-State-Zip:	BONITA SPRINGS FL 34135

Title	CEO
Name	JASSO, COZETTA KAY
Address	8200 HEALTH CENTER BLVD, 104
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	DEFRESCO, PETER
Address	8200 HEALTH CENTER BLVD, 104
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	LUNDON, MICHAEL
Address	8200 HEALTH CENTER BLVD, 104
City-State-Zip:	BONITA SPRINGS FL 34135

Title	SECRETARY
Name	VENGLAR, MOLLIE
Address	8200 HEALTH CENTER BLVD, 104
City-State-Zip:	BONITA SPRINGS FL 34135

Continues on page 2

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 CEO 02/13/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CERESNEY, MARGO
Address	8200 HEALTH CENTER BLVD 104
City-State-Zip:	BONITA SPRINGS FL 34135

Title	DIRECTOR
Name	WATTS, ANASTASIA
Address	8200 HEALTH CENTER BLVD 104
City-State-Zip:	BONITA SPRINGS FL 34135