

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008479

Entity Name: MULTIPLE SCLEROSIS CENTER OF SOUTHWEST FLORIDA, INC.**FILED**
Mar 01, 2022
Secretary of State
4074972929CC**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: No****Name and Address of Current Registered Agent:**FISHER, JULIE
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: JULIE FISHER****03/01/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** SECRETARY
Name STANISCE, CHARLES
Address 3372 WOODS EDGE CIRCLE
103
City-State-Zip: BONITA SPRINGS FL 34134**Title** VICE CHAIR, TREASURER
Name HALLINAN, KEVIN
Address 3372 WOODS EDGE CIRCLE #103
City-State-Zip: BONITA SPRINGS FL 34134**Title** DIRECTOR
Name MCGUIRE, SUZANNE
Address 3372 WOODS EDGE CIRCLE
#103
City-State-Zip: BONITA SPRINGS FL 34134**Title** DIRECTOR
Name DEFRESCO, PETER
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** CHAIR
Name DIENER, SHANNON
Address 3372 WOODS EDGE CIRCLE
103
City-State-Zip: BONITA SPRINGS FL 34134**Title** DIRECTOR
Name SMITH, SHANE
Address 3372 WOODS EDGE CIRCLE
#103
City-State-Zip: BONITA SPRINGS FL 34134**Title** DIRECTOR
Name HARPSTER, DAYNA
Address 3372 WOODS EDGE CIRCLE
#103
City-State-Zip: BONITA SPRINGS FL 34134**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**EXECUTIVE DIRECTOR****03/01/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LARSON, JEANNE
Address 3372 WOODS EDGE CIRCLE
 #103
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR
Name LUNDON, MICHAEL
Address 3372 WOODS EDGE CIRCLE
 #103
City-State-Zip: BONITA SPRINGS FL 34134