2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2024
Secretary of State
7484312991CC

DOCUMENT# N00000008479

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
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 03/10/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR
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	SMITH, SHANE
Address	3372 WOODS EDGE CIRCLE #103
City-State-Zip:	BONITA SPRINGS FL 34134

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

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

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

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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 CEO 03/10/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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