2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2015
Secretary of State
CC0282053628

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

Title	EXECUTIVE DIRECTOR
Name	JASSO, COZETTA K.
Address	971 3RD AVE N
City-State-Zip:	NAPLES FL 34102

Title	DIRECTOR
Name	TAFT, ELEANOR
Address	8144 LAS PALMAS WAY
City-State-Zip:	NAPLES FL 34109

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

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

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

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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: JULIE B. FISHER — CHAIRMAN — 01/23/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

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

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

Title	DIRECTOR
Name	WILSON, LEE
Address	6104 MANCHESTER PLACE
City-State-Zip:	NAPLES FL 34110