

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91150 025 \*\*\*\*61.25

DOCUMENT #N000Q0003422  
1. Entity Name  
Movement Disorders Society of Southwest Florida, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 126 E. Olympia Ave. Suite, Apt. #, etc. Suite 301 City & State Punta Gorda, FL Zip 33950	Country	3. Mailing Address SAME Suite, Apt. #, etc. City & State City & State Zip Country	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1021031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name - Sally E. Thimm  
Street Address (P.O. Box Number is Not Acceptable)  
5865 Harrison Rd.  
City Venice FL Zip Code 34293

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FEE IS \$61.25  
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Gil, Ramon 197 Roselle Ct. Port Charlotte, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Thimm, Sally E. 5865 Harrison Rd. Venice, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Koch, Rexford R. 252 W. Olympia Ave. Punta Gorda, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DeLouche-Luxton, Marcellene 12378. SW Kingsway Circle Lake Suzy, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Sally E. Thimm Date: 4-30-02 Daytime Phone #: 941-833-8312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)