

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 24, 2007 8:00 am
Secretary of State

05-24-2007 90003 028 ****70.00

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1. Entity Name

MS CENTERS OF FLORIDA FOUNDATION, INC.



Principal Place of Business

1790 14TH AVENUE
VERO BEACH FL 32960

Mailing Address

1790 14TH AVENUE
VERO BEACH FL 32960

2. Principal Place of Business - No P.O. Box #
3661 S MIAMI AVE.

3. Mailing Address
SAME

Suite, Apt. #, etc.
209

Suite, Apt. #, etc.
SAME

City & State
MIAMI, FLORIDA

City & State
SAME

Zip
33133

Country
DADE

Zip
SAME

Country
SAME

4. FEI Number

65-1103696

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LACHTERMAN, STEVEN
848 BRICKELL AVENUE
SUITE 750
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

LACHTERMAN, STEVEN

5-18-07

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR. (SECRETARY)
LACHTERMAN, STEVEN
848 BRICKELL AVENUE
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR. (CHAIRMAN)
HORSTMYER, JEFFERY L
3661 S. MIAMI AVE, #209
MIAMI FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR.
STEIN, DANIEL
1921 WALDEMERE ST. #701
SARASOTA FL 34239 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR.
SHAFFER, JAMES S
1260 37TH ST.
VERO BEACH FL 32960 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHAFFER, HELEN
1155 35TH LANE, SUITE 1
VERO BEACH FL 32960 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHRISTIN, PAGLEN
1790 14TH AVENUE
VERO BEACH FL 32960 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR.
KIENE, JOE (TREASURER) ☐ Change ☒ Addition
200 CRANDON BLVD
KEY BISCAYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR.
ROBERT O. HARRIS (EXEC. DIRECTOR) ☐ Change ☒ Addition
8960 NW 8TH ST. #110
MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MR.
TORRES, NESTOR (BOARD MEMBER) ☐ Change ☒ Addition
485 NE 114TH ST.
MIAMI, FL 33164

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR.
THOMAS A. BRESLIN (BOARD MEMBER) ☐ Change ☒ Addition
10440 SW 60TH ST.
MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DR.
GOLD, SCOTT L. (BOARD MEMBER) ☐ Change ☒ Addition
1535 W NASA BLVD. SUITE A
MELBOURNE, FL 32901

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT O. HARRIS *Robert O. Harris*

5-18-07 305-776-7975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #