

**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



DOCUMENT # N01000003262  
 1. Entity Name  
 MS CENTERS OF FLORIDA FOUNDATION, INC.

Principal Place of Business Mailing Address  
 1790 14TH AVENUE 1790 14TH AVENUE  
 VERO BEACH FL 32960 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

1st MOORE CR2E037 (10/06)

City & State MIAMI, FLORIDA  
 Zip 33133 Country DADE  
 City & State MIAMI, FLORIDA  
 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]* 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) <input type="checkbox"/> Delete LACHTERMAN, STEVEN 848 BRICKELL AVENUE MIAMI FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. (CHAIRMAN) <input type="checkbox"/> Delete HORSTMYER, JEFFERY L 3661 S. MIAMI AVE, #209 MIAMI FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. <input checked="" type="checkbox"/> Delete STEIN, DANIEL 1921 WALDEMERE ST. #701 SARASOTA FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. <input checked="" type="checkbox"/> Delete SHAFFER, JAMES S 1260 37TH ST. VERO BEACH FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SHAFFER, HELEN 1155 35TH LANE, SUITE 1 VERO BEACH FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CHRISTIN, PAGLEN 1790 14TH AVENUE VERO BEACH FL 32960

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KIENE, JOE (TREASURER) 200 CRANDON BLVD KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT O. HARRIS (EXEC. DIRECTOR) 8960 NW 8TH ST. #110 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TORRES, NESTOR (BOARD MEMBER) 485 NE 114TH ST. MIAMI, FL 33164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition THOMAS A. BRESLIN (BOARD MEMBER) 10440 SW 60TH ST. MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GOLD, SCOTT L. (BOARD MEMBER) 1535 W NASA BLVD. SUITE A MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 *[Signature]* 5-18-07 305-776-7975  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #