

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# N01000003262

Entity Name: MS CENTERS OF FLORIDA FOUNDATION, INC.

Current Principal Place of Business:

3661 S. MIAMI AVE #209
MIAMI, FL 33133

New Principal Place of Business:

3661 S. MIAMI AVENUE
SUITE 209
MIAMI, FL 33133

Current Mailing Address:

3661 S. MIAMI AVE #209
MIAMI, FL 33133

New Mailing Address:

3661 S. MIAMI AVENUE
SUITE 209
MIAMI, FL 33133

FEI Number: 65-1103696

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LACHTERMAN, STEVEN
848 BRICKELL AVENUE
SUITE 750
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LACHTERMAN, STEVEN
Address: 848 BRICKELL AVENUE
City-St-Zip: MIAMI, FL 33131

Title: C () Delete
Name: HORSTMAYER, JEFFERY L
Address: 3661 S. MIAMI AVE, #209
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: KIENE, JOE
Address: 200 CRANDON BLVD
City-St-Zip: KEY BISCAWAYNE, FL 33149

Title: D (X) Delete
Name: HARRIS, ROBERT O
Address: 8960 NW 8TH ST #110
City-St-Zip: MIAMI, FL 33172

Title: BM (X) Delete
Name: TORRES, NESTOR
Address: 485 NE 114TH ST
City-St-Zip: MIAMI, FL 33164

Title: BM () Delete
Name: GOLD, SCOTT L
Address: 1535 W. NASA BLVD SUITE A
City-St-Zip: MELBOURNE, FL 32901

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JEFFREY L. HORSTMAYER, MD

C

01/16/2008

Electronic Signature of Signing Officer or Director

Date