

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003262

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: MS CENTERS OF FLORIDA FOUNDATION, INC.

**Current Principal Place of Business:**

3661 S. MIAMI AVENUE  
SUITE 209  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3661 S. MIAMI AVENUE  
SUITE 209  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number: 65-1103696      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**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:**

LACHTERMAN, STEVEN  
2655 LE JEUNE ROAD  
PH 1 D  
CORAL GABLES, FL 33134 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: \_\_\_\_\_ 03/13/2009  
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: 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: S (X) Change ( ) Addition  
Name: LACHTERMAN, STEVEN  
Address: 2655 LE JEUNE ROAD  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
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      03/13/2009  
Electronic Signature of Signing Officer or Director      Date