

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003262

FILED  
Feb 16, 2010  
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  
2655 LE JEUNE ROAD  
PH 1 D  
CORAL GABLES, FL 33134 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  
Name: LACHTERMAN, STEVEN  
Address: 2655 LE JEUNE ROAD  
City-St-Zip: CORAL GABLES, FL 33134

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

Title: T  
Name: KIENE, JOE  
Address: 200 CRANDON BLVD  
City-St-Zip: KEY BISCAYNE, FL 33149

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

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY L. HORSTMAYER

C

02/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date