

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90347 001 \*\*\*\*61.25

0005643

**DOCUMENT # NO1000003262**

1. Entity Name  
**MS CENTERS OF FLORIDA FOUNDATION, INC.**



Principal Place of Business      Mailing Address

**1655 27TH STREET  
SUITE 2  
VERO BEACH FL 32960**

**1655 27TH STREET  
SUITE 2  
VERO BEACH FL 32960**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**Suite 1**      **Suite 1**

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-1103696**      Applied For

5. Certificate of Status Desired       **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**TIERNEY, THOMAS W**  
**5070 N. HWY. A-1-A**  
**SUITE 200**  
**VERO BEACH FL 32963**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>CD-<br/>WILLIAMS, ROBIN W<br/>2614 CARDINAL DRIVE<br/>VERO BEACH FL 32963</b>  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>TD<br/>WILLIAMS, ANDREW W<br/>2614 CARDINAL DRIVE<br/>VERO BEACH FL 32963</b>  | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>O'GRADY, MICHAEL J JR<br/>3510 6TH PLACE SW<br/>VERO BEACH FL 32968</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VCD<br/>SHAFER, HELEN<br/>6458 55TH SQUARE<br/>VERO BEACH FL 32967</b>         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(l), 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: *Richard O'Grady, Jr.*      **REMICHAEL J. O'GRADY, JR**      7-8-03      742-299-7688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (4/03)

Attachment # 90142700  
# 1101000003262

## BOARD OF DIRECTORS MS CENTERS OF FLORIDA FOUNDATION

Robin W. Williams, Chairman CD  
MS Centers of Florida Foundation, Inc.  
1655 27<sup>th</sup> Street, Suite 1  
Vero Beach, FL 32960  
Ph: 772-299-7688

Helen J. Shafer, Vice Chairman VCD  
Vero Neurology  
1260 37<sup>th</sup> Street  
Vero Beach, FL 32960  
Ph: 772-569-7039

Andrew W. Williams, Treasurer TD  
~~MS Centers of Florida Foundation, Inc.~~  
1655 27<sup>th</sup> Street, Suite 1  
Vero Beach, FL 32960  
Ph: 772-299-7688

Thomas W. Tierney, Esq., Secretary SD  
Rossway, Moore and Taylor  
5070 Hwy. A.1.A  
Vero Beach, FL 32963  
Ph: 772-231-4440

S. James Shafer, Medical Director D  
Vero Neurology  
1260 37<sup>th</sup> Street  
Vero Beach, FL 32960  
Ph: 772-569-7039

Michael J. O'Grady, Jr., President/CEO PD  
MS Centers of Florida Foundation, Inc.  
~~1655 27<sup>th</sup> Street, Suite 1~~  
Vero Beach, FL 32960  
Ph: 772-299-7688

Jeffrey L. Horstmyer, M.D. D  
3661 S. Miami Avenue, Suite 209  
Miami, FL 33133  
Ph: 305-856-8942

Daniel Stein, M.D. D  
Negroski and Stein Neurology  
1921 Waldemere Street, Suite 701  
Sarasota, FL 34239  
Ph: 941-917-6222