

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2004  
Secretary of State**

DOCUMENT# N02000003552

**Entity Name:** THE MOVEMENT DISORDERS SOCIETY OF SOUTHWEST FLORIDA FOUNDATION, INC.

**Current Principal Place of Business:**

126 EAST OLYMPIA AVE., 2ND FLOOR  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

P.O. BOX 1823  
VENICE, FL 34285 US

**Current Mailing Address:**

126 EAST OLYMPIA AVE., 2ND FLOOR  
PUNTA GORDA, FL 33950

**New Mailing Address:**

P.O. BOX 1823  
VENICE, FL 34285

FEI Number: 65-1021031

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THIMM, SALLY E  
5865 HARRISON RD.  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

THIMM, SALLY E  
5865 HARRISON ROAD  
VENICE, FL 34293 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:

05/01/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEUTSCH, PENNY  
Address: 25442 ST. HELENA LN  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: MC COURT, MARIAN  
Address: 26050 DEEP CREEK BLD.  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete  
Name: PRIBORSKY, BARBARA  
Address: 237 E. TARPON BLVD.  
City-St-Zip: PORT CHARLOTTE, FL 33952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: THIMM, SALLY E  
Address: 5865 HARRISON ROAD  
City-St-Zip: VENICE, FL 34293 US

Title: D (X) Change ( ) Addition  
Name: GIL, RAMON A MD  
Address: 2525 HARBOR BLVD. SUITE 312  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D (X) Change ( ) Addition  
Name: DIETRICH, CANDICE  
Address: 4379 HARBOR BLVD  
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SALLY E. THIMM

D

05/01/2004

Electronic Signature of Signing Officer or Director

Date