

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003029

FILED
Jan 12, 2011
Secretary of State

Entity Name: ORGAN TRANSPLANT RECIPIENTS OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

1110 NE 2ND PLACE
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

1110 NE 2ND PLACE
CAPE CORAL, FL 33909

New Mailing Address:

FEI Number: 04-3634834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEARNS, GEORGE
109 TOCOPILLA ST.
PUNTA GORDA, FL 33983 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: PD
Name: JANSEN, JEFF
Address: 1110 NE 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33909

Title: V
Name: JEFFERSON, MARIANN
Address: 1110 NE 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33909

Title: SEC1
Name: ARROWOOD MOLLE, EVELYN
Address: 14620 OLDE HICKORY BLVD
City-St-Zip: FORT MYERS, FL 33912

Title: T
Name: CABRERRA, JOSE E
Address: 1110 NE 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33909

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: JEFF JANSEN

P

01/12/2011

Electronic Signature of Signing Officer or Director

Date