

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008270

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: SOUTHWEST FLORIDA PULMONARY HYPERTENSION CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

3920 BEE RIDGE RD, BLDG. C  
SARASOTA, FL 34233

**New Principal Place of Business:**

3920 BEE RIDGE RD, BLDG. C  
SUITE C  
SARASOTA, FL 34233

**Current Mailing Address:**

3920 BEE RIDGE RD, BLDG. C  
SARASOTA, FL 34233

**New Mailing Address:**

3920 BEE RIDGE RD, BLDG. C  
SUITE C  
SARASOTA, FL 34233

FEI Number: 20-0249700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCGINNESS, W. LEE  
1800 2ND ST, STE 971  
SARASOTA, FL 34236 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: P ( ) Delete  
Name: SWISHER, JOHN W MD  
Address: 3920 BEE RIDGE RD BLDG C, STE C  
City-St-Zip: SARASOTA, FL 34233

Title: V ( ) Delete  
Name: DIENER, HOWARD D MD  
Address: 3920 BEE RIDGE RD BLDG C, STE C  
City-St-Zip: SARASOTA, FL 34233

Title: S ( ) Delete  
Name: BUCK, MARIA  
Address: 3920 BEE RIDGE RD BLDG C, STE C  
City-St-Zip: SARASOTA, FL 34233

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: BUCCI, GAIL  
Address: 3920 BEE RIDGE RD BLDG C, STE C  
City-St-Zip: SARASOTA, FL 34233

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: JOHN W. SWISHER, PHD, MD

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date