

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# N03000008270

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

Title: S (X) Change () Addition
Name: KARASICK, LAURA
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

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date