

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000005243

**Entity Name:** SECOND WIND - LUNG TRANSPLANT ASSOCIATION, INC.

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC5942280150**

**Current Principal Place of Business:**

2781 CHATEAU CIRCLE  
UPPER ARLINGTON, OH 43221

**Current Mailing Address:**

2781 CHATEAU CIRCLE  
UPPER ARLINGTON, OH 43221 US

**FEI Number: 65-0644075**

**Certificate of Status Desired: No**

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

BRIGGS, GREG  
13145 CALDWELL ROAD  
JACKSONVILLE, FL 32226 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: GREG BRIGGS**

**04/18/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KEELER, CHERYL  
Address        2781 CHATEAU CIRCLE  
City-State-Zip: UPPER ARLINGTON OH 43221

Title            TREASURER  
Name            BLAND, GARY  
Address        2998 JESMOND DENE HEIGHTS ROAD  
City-State-Zip: ESCONDIDO CA 92026

Title            SECRETARY  
Name            KURZ, JANE  
Address        10 CAMP DAVID ROAD  
City-State-Zip: WILMINGTON DE 19810

Title            DIRECTOR  
Name            NICHOLS, GARRY  
Address        50 PATRIOTS WAY  
City-State-Zip: SOMERSET NJ 08873

Title            DIRECTOR  
Name            ARCHER, TOM  
Address        3440 HALLIDAY AVENUE  
City-State-Zip: ST. LOUIS MO 63118

Title            DIRECTOR  
Name            MARTIN, JULIE  
Address        P. O. BOX 1301  
City-State-Zip: HENRYETTE OK 74337

Title            VP  
Name            SHIELDS, FRANK  
Address        8143 SOUTH SACRAMENTO AVENUE  
City-State-Zip: CHICAGO IL 60652

Title            DIRECTOR  
Name            HARNED, ERIC  
Address        211 BROWNSFELL DRIVE  
City-State-Zip: COLUMBUS OH 43235

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*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: GARY R BLAND**

**TREASURER**

**04/18/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title 2ND VP  
Name NEUBERGER, DAMIAN DR.  
Address 2416 COVERT ROAD  
City-State-Zip: GLENVIEW IL 60025

Title DIRECTOR  
Name HENRY, PATRICK  
Address 75 SCATTERTREE LANE  
City-State-Zip: ORCHARD PARK NY 14127

Title DIRECTOR  
Name ADAMS, TIM  
Address 332 HAMPSHIRE DRIVE  
City-State-Zip: VENTNOR NJ 08406