

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729217 (0)

1. Corporation Name
CHILDREN'S CANCER CENTER, INC.



Principal Place of Business: **12901 MAGNOLIA DR TAMPA FL 33612 US**
Mailing Address: **12901 BRUCE B. DOWNS BLVD. BOX 37 TAMPA FL 33612 US**

3. Date Incorporated or Qualified: **04/01/1974**
3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business
21. **One Davis Boulevard**
Suite, Apt. #, etc.: **Suite 604**
City & State: **Tampa, Florida**
Zip: **33606**
Country: **Hillsborough**

2a. Mailing Address
26. **One Davis Boulevard**
Suite, Apt. #, etc.: **Suite 604**
City & State: **Tampa, Florida**
Zip: **33606**
Country: **Hillsborough**

4. FEI Number: **59-1779035**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MILLER, KATHY
12901 BRUCE B. DOWNS BLVD., BOX 37
TAMPA FL 33612**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **One Davis Boulevard, Suite 604**
83.
84. City: **FL** 85. Zip Code: **33606**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when transferring) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ED <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KATHY	12 NAME	
STREET ADDRESS	12901 BRUCE B. DOWNS BLVD BOX 37	13 STREET ADDRESS	One Davis Blvd., Suite 604
CITY-ST-ZIP	TAMPA FL 33612	14 CITY-ST-ZIP	Tampa, FL 33606
TITLE	SD <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASPER, SUSAN	22 NAME	Secretary Cody Davis
STREET ADDRESS	400 N ASHLEY ST. STE 2800	23 STREET ADDRESS	2612 Hawthorne Circle
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	Tampa, FL 33629
TITLE	VP <input type="checkbox"/> DELETE	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LARRY	32 NAME	Chairman of the Board
STREET ADDRESS	101 E. KENNEDY BLVD. STE. 3700	33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, CHIP	42 NAME	Treasurer Craig Campbell
STREET ADDRESS	1000 N. ASHLEY DR., SUITE 620	43 STREET ADDRESS	201 N. Franklin St., Suite 2350
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	Tampa, FL 33602
TITLE	S <input checked="" type="checkbox"/> DELETE	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMPTON, HI	52 NAME	Vice-Chairman Susan Casper
STREET ADDRESS	111 MADISON ST., SUITE 1900	53 STREET ADDRESS	400 N. Ashley Dr., Suite 2800
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP	Tampa, FL 33602
TITLE	VD <input type="checkbox"/> DELETE	61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDISCH, JANIFER	62 NAME	
STREET ADDRESS	17 DAVIS BLVD., SECOND FLOOR PEDS.	63 STREET ADDRESS	One Davis Boulevard, Suite 604
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP	Tampa, FL 33606

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathy Miller **Kathy Miller** 1/23/96 813-276-5736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)