

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

2a. Mailing Address

21 One Davis Boulevard

26 One Davis Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 604

27 Suite 604

City & State

City & State

23 Tampa, Florida

28 Tampa, Florida

Zip

Zip

24 33606

Country

25 Hillsborough

Country

30 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

10. Name and Address of New Registered Agent

MILLER, KATHY

12901 BRUCE B. DOWNS BLVD., BOX 37
TAMPA FL 33612

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ED ☐ DELETE
NAME MILLER, KATHY
STREET ADDRESS 12901 BRUCE B. DOWNS BLVD BOX 37
CITY-ST-ZIP TAMPA FL 33612

TITLE SD ☐ DELETE
NAME CASPER, SUSAN
STREET ADDRESS 400 N ASHLEY ST. STE 2800
CITY-ST-ZIP TAMPA FL

TITLE VP ☐ DELETE
NAME SMITH, LARRY
STREET ADDRESS 101 E. KENNEDY BLVD. STE. 3700
CITY-ST-ZIP TAMPA FL

TITLE T ☒ DELETE
NAME MORGAN, CHIP
STREET ADDRESS 1000 N. ASHLEY DR., SUITE 620
CITY-ST-ZIP TAMPA FL

TITLE S ☒ DELETE
NAME HAMPTON, HI
STREET ADDRESS 111 MADISON ST., SUITE 1900
CITY-ST-ZIP TAMPA FL

TITLE VD ☐ DELETE
NAME JUDISCH, JANIFER
STREET ADDRESS 17 DAVIS BLVD., SECOND FLOOR PEDS.
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS One Davis Blvd., Suite 604
14 CITY-ST-ZIP Tampa, FL 33606

21 TITLE ☒ Change ☐ Addition
22 NAME Secretary
23 STREET ADDRESS Cody Davis
24 CITY-ST-ZIP 2612 Hawthorne Circle
Tampa, FL 33629

31 TITLE ☒ Change ☐ Addition
32 NAME Chairman of the Board
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME Treasurer
43 STREET ADDRESS Craig Campbell
44 CITY-ST-ZIP 201 N. Franklin St., Suite 2350
Tampa, FL 33602

51 TITLE ☒ Change ☐ Addition
52 NAME Vice-Chairman
53 STREET ADDRESS Susan Casper
54 CITY-ST-ZIP 400 N. Ashley Dr., Suite 2800
Tampa, FL 33602

61 TITLE ☒ Change ☐ Addition
62 NAME
63 STREET ADDRESS One Davis Boulevard, Suite 604
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kathy Miller 1/23/96 813-276-5736

Date

Daytime Phone

CR2E037 (12/95)