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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729217 (0)

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



Principal Place of Business 1 DAVIS BLVD SUITE 604 TAMPA FL 33606 US	Mailing Address 1 DAVIS BLVD SUITE 604 TAMPA FL 33606-3480 US
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3. Date Incorporated or Qualified 04/01/1974	3a. Date of Last Report 01/29/1996
4. FEI Number 59-1779035	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**MILLER, KATHY
42001 BRUCE B. DOWNS BLVD., BOX 97
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 BLVD., SUITE 604
83
84 City
85 Zip Code FL 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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> DELETE
NAME	MILLER, KATHY	
STREET ADDRESS	1 DAVIS BLVD., SUITE 604	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DAVID, GODY	
STREET ADDRESS	2612 HAWTHORNE CIRCLE	
CITY-ST-ZIP	TAMPA FL	
TITLE	CB	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, LARRY	
STREET ADDRESS	101 E. KENNEDY BLVD. STE. 3700	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CAMPBELL, CRAIG	
STREET ADDRESS	201 N FRANKLIN ST., SUITE 2350	
CITY-ST-ZIP	TAMPA FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	CASPER, SUSAN	
STREET ADDRESS	400 N ASHLEY DR, SUITE 2800	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JUDISCH, JANIFER	
STREET ADDRESS	1 DAVIS BLVD, SUITE 604	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	5 Claudia Mahoney
2.3 STREET ADDRESS	14025 Clubhouse Cir. #2504
2.4 CITY-ST-ZIP	Tampa, FL 33624
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CB Susan Casper
3.3 STREET ADDRESS	905 S. Dakota Ave.
3.4 CITY-ST-ZIP	Tampa, FL 33606
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T HUGH SMITH
4.3 STREET ADDRESS	6944 U.S. Hwy 41, N.
4.4 CITY-ST-ZIP	APOLLO BEACH, FL 33572
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VC Robert J. Kline
5.3 STREET ADDRESS	1206 S. SUFFOLK
5.4 CITY-ST-ZIP	Tampa, FL 33629
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *M. Kathy Miller* **M. Kathy Miller** 1-9-97 813-276-5734
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047305

CP2E037 (9/96)