


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 28 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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		Mailing Address	
1 DAVIS BLVD SUITE 604 TAMPA FL 33606 US		1 DAVIS BLVD SUITE 604 TAMPA FL 33606 US	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
		25	30

3. Date Incorporated or Qualified  
**04/01/1974**

4. FEI Number  
**59-1779035**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**MILLER, KATHY  
 ONE DAVIS BLVD, SUITE 604  
 TAMPA FL 33606**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 type="checkbox"/> DELETE
NAME	MAHONEY, CLAUDIA	
STREET ADDRESS	14025 CLUBHOUSE CIR #2504	
CITY-ST-ZIP	TAMPA FL	
TITLE	CB	<input type="checkbox"/> DELETE
NAME	GASPER, SUSAN	
STREET ADDRESS	905 S DAKOTA AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, HUGH	
STREET ADDRESS	6944 US HWY 41 N	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	KLINE, ROBERT J	
STREET ADDRESS	1206 S SUFFOLK	
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	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Coleman, Shelley
2.3 STREET ADDRESS	5005 Garrick Ct.
2.4 CITY-ST-ZIP	Tampa, FL 33624
3.1 TITLE	CB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kline, Robert J.
3.3 STREET ADDRESS	1206 S. SUFFOLK
3.4 CITY-ST-ZIP	Tampa, FL 33629
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ferris, Dianne
5.3 STREET ADDRESS	11736 Lipsey Rd.
5.4 CITY-ST-ZIP	Tampa, FL 33618
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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*

CF2E087 (10/97)