

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2002 8:00 am**  
**Secretary of State**

01-21-2002 90044 044 \*\*\*\*70.00

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DOCUMENT # 729217

#70

1. Entity Name

**CHILDREN'S CANCER CENTER, INC.**

Principal Place of Business

Mailing Address

4901 W CYPRESS ST  
 TAMPA FL 33607  
 US

4901 W CYPRESS ST  
 TAMPA FL 33607  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1779035

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MASSOLIO, MARY ANN**  
**4901 W CYPRESS ST**  
**TAMPA FL 33607**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ED	<input type="checkbox"/> Delete
NAME	MASSOLIO, MARY ANN	
STREET ADDRESS	4901 W CYPRESS ST	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	CE	<input type="checkbox"/> Delete
NAME	VIESON, JULIE	
STREET ADDRESS	501 E. KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BARROW, LISA	
STREET ADDRESS	5428 LYKES LANE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCHWARTZ, RON	
STREET ADDRESS	527 CASCADE FALLS DR	
CITY-ST-ZIP	TAMPA FL 33327	
TITLE	C	<input type="checkbox"/> Delete
NAME	SMITH, HUGH	
STREET ADDRESS	11736 LIPSEY RD	
CITY-ST-ZIP	TAMPA FL 33618	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FERRIS, DIANNE	
STREET ADDRESS	11736 LIPSEY RD	
CITY-ST-ZIP	TAMPA FL 33618	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julie Finelli	
STREET ADDRESS	100 2nd Street N, Suite 240	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cyndi Frankland	
STREET ADDRESS	1028 Frankland Road	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Casper	
STREET ADDRESS	905 S. DAKOTA ST.	
CITY-ST-ZIP	Tampa, FL 33606	
TITLE	CE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tina Hunter Stewart	
STREET ADDRESS	2919 Knights Ave	
CITY-ST-ZIP	Tampa, FL 33611	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hugh Smith	
STREET ADDRESS	11736 Lipsey Road	
CITY-ST-ZIP	Tampa, FL 33618	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Ann Massolio*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Davtime Phone #

CR2E037 (9/01)