

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2004
Secretary of State**

DOCUMENT# 729217

Entity Name: CHILDREN'S CANCER CENTER, INC.

Current Principal Place of Business:

4901 W CYPRESS ST
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

4901 W CYPRESS ST
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-1779035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: MASSOLIO, MARY ANN
Address: 4901 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: C () Delete
Name: FANELLI, JULIE
Address: 100 2ND STREET N SUITE 240
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S () Delete
Name: FRANKLAND, CYNDI
Address: 1028 FRANKLAND ROAD
City-St-Zip: TAMPA, FL 33629

Title: T () Delete
Name: CASPER, SUSAN
Address: 905 S DAKOTA ST
City-St-Zip: TAMPA, FL 33606

Title: CE () Delete
Name: STEWART, TINA H
Address: 2919 KNIGHTS AVE
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: SMITH, HUGH
Address: 11736 LIPSEY RD
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: LOWRY, JOHN
Address: 2002 W. CLEVELAND AVE.
City-St-Zip: TAMPA, FL 33606

Title: S (X) Change () Addition
Name: YERRID, SHARON
Address: 5005 W. SAN GABLE CT.
City-St-Zip: TAMPA, FL 33629

Title: T (X) Change () Addition
Name: PELLECCCHIA, J.D.
Address: 201 N FRANKLIN STREET, FL 35
City-St-Zip: TAMPA, FL 33602

Title: CE (X) Change () Addition
Name: FRANKLAND, CYNDI
Address: 1028 FRANKLAND ROAD
City-St-Zip: TAMPA, FL 33629

Title: D (X) Change () Addition
Name: SMITH, HUGH
Address: 17748 OAKLEY SCOTT LANE
City-St-Zip: TAMPA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY ANN MASSOLIO

ED

01/20/2004

Electronic Signature of Signing Officer or Director

Date