

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729217

FILED  
Mar 09, 2011  
Secretary of State

**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:**

O'LEARY, PATRICIA J COO  
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: COO  
Name: O'LEARY, PATRICIA J COO  
Address: 4901 W CYPRESS ST  
City-St-Zip: TAMPA, FL 33607

Title: COB  
Name: BENNETT, PETER  
Address: 209 S. WOODLYNNE AVENUE  
City-St-Zip: TAMPA, FL 33609

Title: T  
Name: BAILEY, TEE A  
Address: 3016 HAWTHORNE ROAD  
City-St-Zip: TAMPA, FL 33611

Title: S  
Name: ROSEBERRY, HOLLY  
Address: 2202 N. WESTSHORE BLVD, 5TH FL  
City-St-Zip: TAMPA, FL 33607

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA O'LEARY

COO

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date