

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010808

FILED
Mar 08, 2007
Secretary of State

Entity Name: FLORIDA CANCER TRIALS, INC.

Current Principal Place of Business:

3709 W. JETTON AVE.
TAMPA, FL 336295146

New Principal Place of Business:

Current Mailing Address:

3709 W. JETTON AVE.
TAMPA, FL 336295146

New Mailing Address:

FEI Number: 51-0493162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: D () Delete
Name: BROGAN, FRANK
Address: FT ATLANTIC UNIV 777 GLADES RD
City-St-Zip: BOCA RATON, FL 33431

Title: CD () Delete
Name: MARSH, ROBERT MD
Address: UF SHANDS, PO BOX 100277
City-St-Zip: GAINESVILLE, FL 32610

Title: STD () Delete
Name: WEBSTER, DONALD A
Address: AMERICAN CANCER SOCIETY, 3709 W JETTON
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: YEATMAN, TIMOTHY MD
Address: MOFFITT CANCER CTR, 12902 MAGNOLIA DR
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: HENDERSON, RANDAL MD
Address: 655 W 8TH ST
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: ROSENBLATT, JOSEPH MD
Address: 1475 NW 12 AVE UNIV OF MIAMI
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BROGAN, FRANK
Address: FL ATLANTIC UNIV, 777 GLADES RD
City-St-Zip: BOCA RATON, FL 33431

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

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

Title: D (X) Change () Addition
Name: SULLIVAN, DANIEL MD
Address: MOFFITT CANCER CTR, 12902 MAGNOLIA DR
City-St-Zip: TAMPA, FL 33612

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: DONALD A WEBSTER

STD

03/08/2007

Electronic Signature of Signing Officer or Director

Date