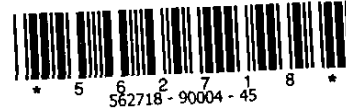
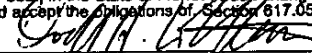


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90233 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46100 1. Corporation Name PEDIATRIC CANCER FOUNDATION, INC.					
Principal Place of Business			Mailing Address		
P.O. BOX 172656 TAMPA FL 33672			P.O. BOX 172656 TAMPA FL 33672		



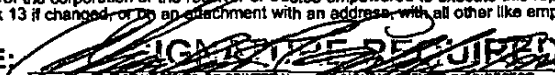
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 14005 N. Dale Mabry		26 14005 N. Dale Mabry		11/19/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite A		27 Suite A		59-3097333	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Tampa, FL		28 Tampa, FL		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 33618 U.S.A.		29 33618 U.S.A.		30 U.S.A.	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KEATON, KAREN S 111 SECOND AVENUE N.E. #620 ST. PETERSBURG FL 33701				81 Name Donald H. Whittemore	
				82 Street Address (P.O. Box Number is Not Acceptable) Agliano, Hedges & Whittemore, P.A.	
				83 400 N. Tampa St., Suite 263D	
				84 City Tampa FL 85 Zip Code 33602	
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  DATE 5/17/99					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DOWLING, ANNE	1.2 NAME	
STREET ADDRESS	5508 SUWANEE AVENUE NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PRESTON, DONALD G MR	2.2 NAME	
STREET ADDRESS	150 2ND AVENUE N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	2.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GOELS, CHARLES P	3.2 NAME	
STREET ADDRESS	100 2ND AVENUE S., SUITE N102	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBB, JACK	4.2 NAME	
STREET ADDRESS	1520 WEST RIVER SHORE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Daytime Phone #

CR2E037 (1/98)