2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46100

Feb 21, 2011 Secretary of State

Entity Name: PEDIATRIC CANCER FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5550 WEST EXECUTIVE DR, SUITE 300 5550 WEST EXECUTIVE DR TAMPA, FL 33609

SUITE 300

TAMPA, FL 33609

Current Mailing Address: New Mailing Address:

5550 WEST EXECUTIVE DR, SUITE 300 5550 WEST EXECUTIVE DR TAMPA, FL 33609 US SUITE 300

TAMPA, FL 33609 US

FEI Number: 59-3097333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

F&LCORP ONE INDEPENDENT DRIVE **SUITE 1300** JACKSONVILLE, FL 32202 US

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:

WHITE, ROBERT E Name:

Address: 5550 WEST EXECUTIVE DR, SUITE 300

City-St-Zip: TAMPA, FL 33609

Title: VD

Name: LOAR, WILLIS C

Address: 5550 WEST EXECUTIVE DR. SUITE 300

City-St-Zip: TAMPA, FL 33609

Title: PD

LANGFORD, JOHN J Name:

5550 WEST EXECUTIVE DR, SUITE 300 Address:

City-St-Zip: TAMPA, FL 33609

Title: VD

Name: HARROD, CHAD

5550 WEST EXECUTIVE DR, SUITE 300 Address:

City-St-Zip: TAMPA, FL 33609

Title: SD Name: SILVA, AL

5550 WEST EXECUTIVE DR, SUITE 300 Address:

TAMPA, FL 33609 City-St-Zip:

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: NANCY B. CRANE ED 02/21/2011