

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004351 (2)**

1. Corporation Name

GEFFEN CANCER CENTER AND RESEARCH INSTITUTE FOUNDATION, INC.

Principal Place of Business

Mailing Address

981 37TH PL
VERO BEACH FL 32960

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VERO BEACH FL 32960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

09/06/1994

4. FBI Number

65-0536007

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

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28

Zip

Country

Zip

Country

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5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMPTON, ROBERT J
C/O COMPTON & ASSOCIATES
117 QUEEN CHRISTINA CT
FT PIERCE FL 34949

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Executive Director
NAME Geffen, MD, FACP, Jeremy R.
STREET ADDRESS 981 37th Place
CITY-ST-ZIP Vero Beach, FL 32960

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CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director Change Addition
1.2 NAME Geffen, Jeremy R.
1.3 STREET ADDRESS 981 37th Place
1.4 CITY-ST-ZIP Vero Beach, FL 32960

2.1 TITLE Trustee Change Addition
2.2 NAME Berger, CPA Gary
2.3 STREET ADDRESS 111 Orange Avenue Suite 300
2.4 CITY-ST-ZIP Ft Pierce, FL 34950

3.1 TITLE Trustee Change Addition
3.2 NAME Bass, DDS, Paul
3.3 STREET ADDRESS 311 N. Jackson St. Suite B
3.4 CITY-ST-ZIP Tullahoma, TN 37388

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

REMITTED BY MAIL

DEPOSITED BY BANK CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeremy R. Geffen

Jeremy R. Geffen 3/10/95 467.725800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #