2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2004 8:00 am Secretary of State 02-23-2004 90026 024 ****70.00

1. Entity Name SOUTH FLORIDA CHILDREN'S CANCER TREATMENT FOUNDATION, INC.							02 23 20	0190020 021	70.00	
Principal Place of Business 11380 PROSPERITY FARMS ROAD SUITE 201 PALM BEACH GARDENS, FL 33410		Mailing Address 11380 PROSPERITY FARMS ROAD SUITE 201 PALM BEACH GARDENS, FL 33410								
2. Principal Place of Business		3. Mailin	3. Mailing Address							
Suite, Apt. #, etc.		Suite	Suite, Apt. #, etc.			01072004	Chg-NP	CR2E037 (10/03)	X	
City & State		City & State				4. FEI Number Applied For 01-0551879 Not Applicable				
Zip	Country	Zip		Country		5. Certificate of	Status Desired	See Require	ditional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
HARRIS, GEORGE E ESQ. 11380 PROSPERITY FARMS ROAD				Name Street Address (P.O. Box Number is Not Acceptable)						
SUITE 201 PALM BEACH GARDENS, FL 33410						<u></u>				
			City	City FL Zip Code						
	named entity submits this statement fo ions of registered agent.	or the purpos	e of changing its r	egistered office o	r register	ed agent, or both,	in the State of Flor	rida. I am fam i liar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applic	able. (NOTE:	Registered Agent signa	ture required	when reinstating)		DATE		
Filing Fee Is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State				
10.	OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHAN	IGES TO OFFICER	IS AND DIRECTORS IN		
TITLE	D KABEN		☐ Delete	TITLE				Change	Addition	
NAME STREËT ADDRESS	MINDER, KAREN 354 FISHERMAN'S WAY			NAME STREET ADDRESS	111	70 Kidd	Tana			
CITY-ST-ZIP	JUPITER, FL 33477			CITY-ST-ZIP			Gardens	s. FT. 3341	_	
TITLE	PD		☑ Delete	TITLE	PD	m beach	Gardens	Change	Addition	
NAME	RODRIGUEZ-CORTEZ, HECTO	R M.D.		NAME	b'Bo	yle, Mi	chelle			
STREET ADDRESS	5325 GREENWOOD AVENUE #3			STREET ADDRESS	1280	8 Kings	wav Rđ		,	
CiTY-ST-ZIP	WEST PALM BEACH, FL 33407			CITY-ST-ZIP	Well	ington,	F£33414	<u> </u>		
TITLE NAME	D WALSH, VIVIAN		☐ Delete	TITLE NAME				☐ Change	Addition	
	107 N.HAMPTON.F			- STREET ADDRESS		-				
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	·		CITY-ST-ZIP						
TITLE	VD		☐ Delete	TITLE		-		☐ Change	☐ Addition	
NAME	HARRIS, GEORGE E ESQ.	000		NAME STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP										
	5325 GREENWOOD AVENUE #3			CITY-ST-ZIP					ì	
	WEST PALM BEACH, FL 33407		Detete					- Change	Addition	
TITLE NAME	' '		Defete Defete	CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS	WEST PALM BEACH, FL 33407 S MINDER, KAREN 354 FISHERMAN'S WAY		Defete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	114	70 Kidd	Lane	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH, FL 33407 S MINDER, KAREN 354 FISHERMAN'S WAY JUPITER, FL 33477			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		Lane Gardens	., FL 3341	0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WEST PALM BEACH, FL 33407 S MINDER, KAREN 354 FISHERMAN'S WAY JUPITER, FL 33477 T		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			**	— ъ.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	WEST PALM BEACH, FL 33407 S MINDER, KAREN 354 FISHERMAN'S WAY JUPITER, FL 33477			CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1			., FL 3341	0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	WEST PALM BEACH, FL 33407 S MINDER, KAREN 354 FISHERMAN'S WAY JUPITER, FL 33477 T WALSH, VIVIAN	7		CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	1			., FL 3341	0	

nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE OBOUCE
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR