

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729217

Entity Name: CHILDREN'S CANCER CENTER, INC.**Current Principal Place of Business:**4901 W CYPRESS ST
TAMPA, FL 33607**Current Mailing Address:**4901 W CYPRESS ST
TAMPA, FL 33607 US**FEI Number:** 59-1779035**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**O'LEARY, PATRICIA JCOO
4901 W CYPRESS ST
TAMPA, FL 33607 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**Officer/Director Detail :**

Title	COO
Name	O'LEARY, PATRICIA JCOO
Address	4901 W CYPRESS ST
City-State-Zip:	TAMPA FL 33607

Title	CHAIR
Name	FRASER, GRAEME
Address	4901 W CYPRESS ST
City-State-Zip:	TAMPA FL 33607

Title	T
Name	SULTENFUSS, WILLIAM
Address	4901 W CYPRESS ST
City-State-Zip:	TAMPA FL 33607

Title	S
Name	HANLON, MARION
Address	4901 W CYPRESS ST
City-State-Zip:	TAMPA FL 33607

Title	CHAIR ELECT
Name	BAILEY, TEE ANN
Address	4901 W CYPRESS ST
City-State-Zip:	TAMPA FL 33607

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: PATRICIA J O'LEARY

COO

02/06/2014

Electronic Signature of Signing Officer/Director Detail_____
Date