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

Name and Address of Current Registered Agent:

O'LEARY, PATRICIA 4901 W CYPRESS ST TAMPA, FL 33607 US

The above named entity submits this statement for the nurnose of changing its registered office or registered agent or both in the State of Florida

The above name	d entity submits this statement for the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of Flor	ida.
SIGNATURE: PATRICIA O'LEARY				
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	CEO & EXECUTIVE DIRECTOR, CEO	Title	PAST CHAIR	
Name	O'LEARY, PATRICIA	Name	SULTENFUSS, WILLIAM	
Address	4901 W CYPRESS ST	Address	4901 W CYPRESS ST	
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607	
Title	BOARD MEMBER	Title	BOARD MEMBER	
Name	BAILEY, TEE ANN	Name	KAISER, VIKKI	
Address	4901 W CYPRESS ST	Address	4300 W. CYPRESS ST. #850	
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607	
Title	BOARD MEMBER	Title	CHAIRMAN	
Name	KUMAR, MUDRA MD	Name	MORAITES, PATRICK	
Address	2 TAMPA GENERAL CIRCLE	Address	211 S. WESTLAND AVE	
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	#3 TAMPA FL 33606	
Title	BOARD MEMBER	City-State-Zip.	TAMPA PL 33000	
Name	NEWMAN, WILLIAM	Title	BOARD MEMBER	
Address	4750 E. ADAMO DR.	Name	TEBBI, CAMERON MD	
City-State-Zip:	TAMPA FL 33605	Address	2 TAMPA GENERAL CIRCLE, 5	TH FL
- ·, -···· <u>-</u> ·p·		City-State-Zip:	TAMPA FL 33606	

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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 O'LEARY

CEO

02/18/2020 Date

Electronic Signature of Signing Officer/Director Detail

FILED Feb 18, 2020 Secretary of State 2515821179CC

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	SECRETARY	Title	TREASURER	
Name	CARAS, SABRINA	Name	BEATTIE, KEN	
Address	2803 WEST PEARL AVENUE	Address	1013 ESTATEWOOD DR	
City-State-Zip:	TAMPA FL 33611	City-State-Zip:	BRANDON FL 33510	
Title	SR. ADVISOR, BOARD MEMBER	Title	BOARD MEMBER	
Name	MOREJON, SHIRLEY	Name	SILVER, DAVID	
Address	101 E KENNEDY BLVD	Address	1511 N WESTSHORE BLVD 500	
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33607	
Title	BOARD MEMBER	Title	BOARD MEMBER	
Name	MALLON, ERICA	Name	DOUCHER, JIM	
Address	4523 S FERNCROFT CIR	Address	4901 W CYPRESS ST	
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33607	