

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004325

Entity Name: SOUTH FLORIDA CANCER ASSOCIATION, INC.**Current Principal Place of Business:**12550 BISCAYNE BOULEVARD
SUITE 800 / #146
MIAMI, FL 33181**Current Mailing Address:**12550 BISCAYNE BOULEVARD
SUITE 800 / #146
MIAMI, FL 33181**FEI Number:** 26-2537043**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUTTON, EDDIE
12550 BISCAYNE BOULEVARD
SUITE 800 / #146
MIAMI, FL 33181 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	CEOD
Name	DUTTON, EDDIE
Address	12550 BISCAYNE BOULEVARD, SUITE 800 / #146
City-State-Zip:	MIAMI FL 33181

Title	PD
Name	JOSEPH, SHERRY
Address	12550 BISCAYNE BOULEVARD, SUITE 800 / #146
City-State-Zip:	MIAMI FL 33181

Title	TRUSTEE
Name	CUTLIFF, FAITH
Address	12550 BISCAYNE BOULEVARD SUITE 800 / #146
City-State-Zip:	MIAMI FL 33181

Title	TRUSTEE
Name	MERCADAL-SABBAGH, TRUDY
Address	12550 BISCAYNE BOULEVARD SUITE 800 / #146
City-State-Zip:	MIAMI FL 33181

Title	TRUSTEE
Name	MILLER, HERBERT DR.
Address	12550 BISCAYNE BOULEVARD SUITE 800 / #146
City-State-Zip:	MIAMI FL 33181

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: EDDIE DUTTON**CEOD****03/03/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date