

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 09, 2009**  
**Secretary of State**

DOCUMENT# 705004

**Entity Name:** AMERICAN CANCER SOCIETY, FLORIDA DIVISION, INC.**Current Principal Place of Business:**3709 W JETTON AVE.  
TAMPA, FL 33629**New Principal Place of Business:****Current Mailing Address:**3709 W JETTON AVE.  
TAMPA, FL 33629**New Mailing Address:****FEI Number:** 59-0657320**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WEBSTER, DONALD  
3709 W. JETTON AVE.  
TAMPA, FL 336295146 US**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:****Title:** SD ( ) Delete  
**Name:** CEROW, MICHAEL S CPA  
**Address:** 1801 SARNO ROAD, SUITE 3  
**City-St-Zip:** MELBOURNE, FL 32935**Title:** AST ( ) Delete  
**Name:** PAVLIK, TANYA M CPA  
**Address:** 3709 W JETTON AVE  
**City-St-Zip:** TAMPA, FL 33629**Title:** PD ( ) Delete  
**Name:** MENDEZ, MARIO A MD  
**Address:** 7884 SW 194TH STREET  
**City-St-Zip:** CUTLER BAY, FL 33157**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** PD (X) Change ( ) Addition  
**Name:** LARSEN, MARTIN  
**Address:** 8569 PINES BLVD, SUITE 201  
**City-St-Zip:** PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TANYA PAVLIK

AST

04/09/2009

Electronic Signature of Signing Officer or Director

Date