

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726273

FILED
Apr 03, 2008
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF PEDIATRIC TUMOR PROGRAMS, INC.

Current Principal Place of Business:

3650 SPECTRUM BLVD
SUITE #100
TAMPA, FL 33612 US

New Principal Place of Business:

Current Mailing Address:

3650 SPECTRUM BLVD.
SUITE #100
TAMPA, FL 33612 US

New Mailing Address:

3650 SPECTRUM BLVD
SUITE #100
TAMPA, FL 33612 US

FEI Number: 59-1893881

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRISCHER, JEFFREY P EX. DIR
3650 SPECTRUM BLVD
SUITE #100
TAMPA, FL 33612 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: PRES () Delete
Name: SALMAN, EMAD MD.
Address: 9981 S. HEALTH PARK DR. SUITE #156
City-St-Zip: FORT MYERS, FL 33908

Title: VP () Delete
Name: BARREDO, JULIO C MD.
Address: DEPT. OF PEDIATRICS (R-131) PO BOX 016960
City-St-Zip: MIAMI, FL 33101

Title: SECT () Delete
Name: SINGER, MELISSA MD.
Address: 12957 PALMS WEST DR. SUITE #103
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: EMAD SALMAN, MD

PRES

04/03/2008

Electronic Signature of Signing Officer or Director

Date