

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726273

FILED  
Mar 04, 2009  
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:**

**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: BRIAN J. CALKINS

DIR.

03/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date