

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726273

FILED
Feb 15, 2011
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
Name: SALMAN, EMAD MD.
Address: 9981 S. HEALTH PARK DR. SUITE #156
City-St-Zip: FORT MYERS, FL 33908

Title: VP
Name: RODRIGUEZ-CORTES, HECTOR MD.
Address: 1600 S. ANDREWS AVE.
City-St-Zip: FT.LAUDERDALE, FL 33316

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

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: JEFFREY P. KRISCHER

EX.D

02/15/2011

Electronic Signature of Signing Officer or Director

Date