FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JAN 25 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729217 (0)

1. Corporation Name
CHILDREN'S CANCER CENTER, INC.

Principal Place of Business	Mailing Address
12901 MAGNOLIA DR TAMPA FL 33612 US	12901 ~~NORTH 50TH STREET~~ TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1974
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-1779035 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired XX	$8.75 Additional Fee Required
21	26 12901 Bruce B. Downs Blvd.		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Box 37	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, KATHY 12901 BRUCE B. DOWNS BLVD., BOX 37 TAMPA FL 33612	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, KATHY	1.2 NAME		
STREET ADDRESS	12901 BRUCE B. DOWNS BLVD BOX 37	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33612	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	CASPER, SUSAN	2.2 NAME		
STREET ADDRESS	400 N ASHLEY ST, STE 2800	2.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP		
TITLE	~~VPD~~	3.1 TITLE	Vice President	XX Change ☐ Addition
NAME	~~DAVIS, CODY~~	3.2 NAME	Larry Smith	
STREET ADDRESS	~~2612 HAWTHORNE CRCLE~~	3.3 STREET ADDRESS	101 E. Kennedy Blvd., Suite 3700	
CITY-ST-ZIP	~~TAMPA, FL 33629~~	3.4 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	~~TD~~	4.1 TITLE	Treasurer	XX Change ☐ Addition
NAME	~~HAMPTON, HI~~	4.2 NAME	Chip Morgan	
STREET ADDRESS	~~111 MADISON ST, STE 1900~~	4.3 STREET ADDRESS	1000 N. Ashley Dr., Suite 620	
CITY-ST-ZIP	~~TAMPA FL~~	4.4 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	~~VP~~	5.1 TITLE	Secretary	XX Change ☐ Addition
NAME	~~CLIFFORD, PATSY~~	5.2 NAME	Hi Hampton	
STREET ADDRESS	~~908 GOLFVIEW~~	5.3 STREET ADDRESS	111 Madison St., Suite 1900	
CITY-ST-ZIP	~~TAMPA FL~~	5.4 CITY-ST-ZIP	Tampa, Florida 33602	
TITLE	~~VD~~	6.1 TITLE		☐ Change ☐ Addition
NAME	JUDISCH, JANIFER	6.2 NAME		
STREET ADDRESS	~~12901 BRUCE B DOWNS BLV~~	6.3 STREET ADDRESS	#17 Davis Blvd., Second Floor (Pads.)	
CITY-ST-ZIP	~~TAMPA, FL 33612~~	6.4 CITY-ST-ZIP	Tampa, Florida 33606	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathy Miller Kathy Miller 1/17/95 813/972-4673x2128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COR4T12