

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729217

FILED
May 21, 2007
Secretary of State

Entity Name: CHILDREN'S CANCER CENTER, INC.

Current Principal Place of Business:

4901 W CYPRESS ST
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

4901 W CYPRESS ST
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-1779035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MASSOLIO, MARY ANN
4901 W CYPRESS ST
TAMPA, FL 33607 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: ED () Delete
Name: MASSOLIO, MARY ANN
Address: 4901 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: C () Delete
Name: FRANKLAND, CYNDI
Address: 1028 FRANKLAND ROAD
City-St-Zip: TAMPA, FL 33629

Title: S () Delete
Name: PELLECCCHIA, JON D
Address: 2113 W HILLS AVENUE
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: BAILEY, TEE A
Address: 3016 HAWTHORNE ROAD
City-St-Zip: TAMPA, FL 33611

Title: CE () Delete
Name: YERRID, SHARON
Address: 5005 W. SAN GABLE COURT
City-St-Zip: TAMPA, FL 33629

Title: D () Delete
Name: LOWRY, JOHN
Address: 3302 SAN NICHOLAS STREET
City-St-Zip: TAMPA, FL 33629

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:

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: MARY ANN MASSOLIO

ED

05/21/2007

Electronic Signature of Signing Officer or Director

_____ Date