

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90026 037 ****61.25

DOCUMENT # 748882

1. Entity Name
MIAMI CANCER INSTITUTE, INC.



Principal Place of Business
~~1500 BRICKELL AVENUE~~
~~MIAMI, FL 33129~~

Mailing Address
~~1500 BRICKELL AVENUE~~
~~MIAMI, FL 33129~~

40046038



2. Principal Place of Business
1300 NW 167th St

3. Mailing Address

Suite, Apt. #, etc.
#3

Suite, Apt. #, etc.

03012006 Chg-NP CR2E037 (11/05)

City & State
MIAMI FL

City & State

4. FEI Number
59-1957672

Applied For
Not Applicable

Zip
33169

Country
33169

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, CHARLES O JR
1300 NW 167 ST
MIAMI, FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PSD** ☒ Delete
NAME **SUGARBAKER, EVERETT V**
STREET ADDRESS **1500 BRICKELL AVENUE**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE **PSD/Pres Rep** ☒ Change ☐ Addition
NAME **Charles O. Morgan Jr**
STREET ADDRESS **1300 NW 167th St, #3**
CITY-ST-ZIP **Miami, FL 33169**

TITLE **FD** ☐ Delete
NAME **NORDQVIST, STAFFAN R B**
STREET ADDRESS **1500 BRICKELL AVE**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **TEJADA, FRANCISCO**
STREET ADDRESS **1500 BRICKELL AVE**
CITY-ST-ZIP **MIAMI, FL 33129**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles O. Morgan Jr **PSD/Pres Rep. Charles O. Morgan Jr** **3/8/06** **(305) 624-0011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #