


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90080 015 ****61.25

DOCUMENT # 748882 1. Entity Name MIAMI CANCER INSTITUTE, INC.						
Principal Place of Business 1300 NW 167TH ST 3 MIAMI, FL 33169			Mailing Address 1300 NW 167TH ST 3 MIAMI, FL 33169			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State Zip			City & State Zip			
Country			Country			
4. FEI Number 59-1957672			Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MORGAN, CHARLES O JR 1300 NW 167 ST MIAMI, FL				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MORGAN, CARLOS O 1300 NW 167TH ST 3 MIAMI, FL 33169		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MORGAN, CHARLES O JR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORDQVIST, STAFFAN R B 1500 BRICKELL AVE MIAMI, FL 33129		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1295 NW 14th Street Miami, Florida 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEJADA, FRANCISCO 1500 BRICKELL AVE MIAMI, FL 33129		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEJADA, FRANCISCO 1321 NW 14th Street Miami, Florida 33125	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE 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: _____ <i>Charles O. Morgan Jr</i> Charles O. Morgan Jr 1/30/07 (305) 624-0011						
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						