NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 755005

1. Corporation Name

NORTH RIDGE CANCER FOUNDATION. INC.

Principal Place of Business									
AMERICAN MEDICAL PLAZA 11880 S.W. 40TH STREET, SUITE	#405								
MIAM) FL 33175									

FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90012 011 ****70.00

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City & State 23		#, etc.	<u> </u>	Suite, Apr. #, etc.										
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Name and Address of Current Registered Agent		. — •	29	•	30			[* U		
MUDD, JOHN 11880 BIRD RD. #201 MIAMIF I. 33175. #4 City FL #5 Zip Code #4 City FL #5 Zip Code #5 City FL #5 Zip Code #6 City FL #5 Zip Code #6 City FL #6 Zip Code #6 City FL #6 Zip Code #6 City FL #6 Zip Code #7 C				ered Agent				1	0. N	lame and	Address of Nev	w Registered	Agent	
MAMI FL 33175 11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 617.0503, Florida Statutes. SIGNATURE SIGNATURE STRETADORESS TITLE ST DELETE 11 TITLE 12 NAME 12 NA	MUDD, JO	HN					Street /					ptable)	·	
MIAMI FL 33175. B4 City FL 85 Zip Code	11880 BIR	D RD.					118	380 5	W.	. 40tl	st., #4	05		
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florids 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 abpointment as 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 office or registered agent and test if ageitation. SIGNATURE	#201					83							•	
The pursuant to the provisions of Sections 617 0502 and 617 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, 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, 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, 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, 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, or both, in the State of Glorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in minimation and accept the objective of Glorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in minimation and accept the objective of Glorida. Such appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's appointment agent and the figure of Glorida. Such as a corporation and the figure of Glorida. Such as a corporation and the figure	MIAMI FL	33175				84	City		. •				85 Zip C	ode
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12.	agent. I a	m familiar with, and accept the obliga	itions of, \$	Section 617.0503, Flo	rida Stati	utes.						,		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	SIGNATURE	Standburg broad or printed pame of registered area	nt and title if	apolicable (NOTE	Registered	Agen	signature (equired wh	an rein:	stating)		DATE	 -	, -
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CITY-ST-ZIP In supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 enter the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in properly a grachment with an address, with all other like empowered. 14. I hereby certify that the information indicated on this annual report of officer or director of the cornolate Block 12 or Block 13 if changed

SIGNATURE:

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(305) 221-1900