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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:41

DOCUMENT # 767316 (3)

1. Corporation Name

INTER-AMERICAN SOCIETY FOR CHEMOTHERAPY, INC.

Principal Place of Business	Mailing Address
1115 E KENNEDY BLVD (33602) PO BOX 2360 TAMPA FL 33601-2360	UTAH STATE UNIVERSITY DEPT. ADVS LOGAN UT 84332-5600 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1983	3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-2386280	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FRANKEL, JACK
1115 E. KENNEDY BLVD.
TAMPA FL 33602

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	PD	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	SIDWELL, ROBERT W	1.2 NAME	Feld, Ronald	
STREET ADDRESS	UTAH STATE UNIVERSITY	1.3 STREET ADDRESS	Princess Margaret Hospital 500 Sherbourne St.	
CITY-ST-ZIP	LOGAN UT 84322-5600	1.4 CITY-ST-ZIP	Toronto, Ontario M4X 1K9, Canada	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	BERGERON, MICHEL	2.2 NAME		
STREET ADDRESS	2705 BOULE LAURIER	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. FOY (QUEBEC) CANADA	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	WARREN, REED P	3.2 NAME		
STREET ADDRESS	UTAH STATE UNIVERSITY	3.3 STREET ADDRESS		
CITY-ST-ZIP	LOGAN UT 84322-6895	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	LERNER, STEVEN	4.2 NAME		
STREET ADDRESS	3990 JOHN ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	DETROIT MI	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FRANKEL, JACK	5.2 NAME		
STREET ADDRESS	1115 E. KENNEDY BLVD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33602	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: _____ Robert W. Sidwell 01-11-95 (801) 797-1902
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0074880