

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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 2380  
TAMPA FL 33601-2380**

**UTAH STATE UNIVERSITY  
DEPT. ADVS  
LOGAN UT 84332-5600  
US**

3. Date Incorporated or Qualified  
**03/07/1983**

3a. Date of Last Report  
**01/30/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

**FL**

85 Zip Code

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 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **FELD, RONALD**  
STREET ADDRESS **500 SHERBOURNE ST. PRINCESS MARGARET HOSP.**  
CITY-STATE-ZIP **TORONTO ON**

TITLE **VD** ☐ DELETE  
NAME **BERGERON, MICHEL**  
STREET ADDRESS **2705 BOULE LAURIER**  
CITY-STATE-ZIP **ST. FOY (QUEBEC) CANADA**

TITLE **ST** ☐ DELETE  
NAME **WARREN, REED P**  
STREET ADDRESS **UTAH STATE UNIVERSITY**  
CITY-STATE-ZIP **LOGAN UT 84322-6895**

TITLE **D** ☒ DELETE  
NAME **LERNER, STEVEN**  
STREET ADDRESS **3990 JOHN ROAD**  
CITY-STATE-ZIP **DETROIT MI**

TITLE **D** ☐ DELETE  
NAME **FRANKEL, JACK**  
STREET ADDRESS **1115 E. KENNEDY BLVD.**  
CITY-STATE-ZIP **TAMPA FL 33602**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP

21 TITLE **T/P/D** ☒ Change ☐ Addition  
22 NAME **Bergeron, Michel**  
23 STREET ADDRESS **2705 Boule Laurier**  
24 CITY-STATE-ZIP **St. Foy (Quebec) Canada**

31 TITLE **T/D** ☒ Change ☐ Addition  
32 NAME **Warren, Reed P**  
33 STREET ADDRESS **Utah State University**  
34 CITY-STATE-ZIP **Logan, UT 84322-6895**

41 TITLE **S/D** ☐ Change ☒ Addition  
42 NAME **Gustavo-Gercovich, Felipe**  
43 STREET ADDRESS **Psio 2 Apt. 7**  
44 CITY-STATE-ZIP **Buenos Aires, Argentina**

51 TITLE **D** ☐ Change ☒ Addition  
52 NAME **Sidwell, Robert W.**  
53 STREET ADDRESS **Utah State University**  
54 CITY-STATE-ZIP **Logan, UT 84322-5600**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-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)(k), 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:

*Reed P. Warren*

**Reed P. Warren 1-18-96 (801) 797-1924**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)