

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **767316** (3)  
1. Corporation Name  
**INTER-AMERICAN SOCIETY FOR CHEMOTHERAPY, INC.**



Principal Place of Business <b>1115 E KENNEDY BLVD (33602) PO BOX 2380 TAMPA FL 33601-2380</b>	Mailing Address <b>UTAH STATE UNIVERSITY 5600 UNIVERSITY BLVD. LOGAN UT 84322-5600 US</b>
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3. Date Incorporated or Qualified <b>03/07/1983</b>
4. FEI Number <b>59-2386280</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>26</b> City & State <b>27</b> Zip <b>28</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>FRANKEL, JACK 1115 E. KENNEDY BLVD. TAMPA FL 33602</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>FELD, RONALD</b>	
STREET ADDRESS <b>500 SHERBOURNE ST. PRINCESS MARGARET HOSP.</b>	
CITY-ST-ZIP <b>TORONTO ON</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>BERGERON, MICHEL</b>	
STREET ADDRESS <b>2705 BOULE LAURIER</b>	
CITY-ST-ZIP <b>ST. FOY (QUEBEC) CANADA</b>	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WARREN, REED P</b>	
STREET ADDRESS <b>UTAH STATE UNIVERSITY</b>	
CITY-ST-ZIP <b>LOGAN UT</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>GUSTAVO-GERCOVISH, FELIPE</b>	
STREET ADDRESS <b>PSIO 2 APT 7</b>	
CITY-ST-ZIP <b>BUENOS AIRES AR</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>FRANKEL, JACK</b>	
STREET ADDRESS <b>1115 E. KENNEDY BLVD.</b>	
CITY-ST-ZIP <b>TAMPA FL 33602</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>SIDWELL, ROBERT W</b>	
STREET ADDRESS <b>UTAH STATE UNIVERSITY</b>	
CITY-ST-ZIP <b>LOGAN UT</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>VP/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>Feld, Ronald</b>	
1.3 STREET ADDRESS <b>500 Sherbourne St. Princess Margaret Hosp</b>	
1.4 CITY-ST-ZIP <b>Toronto ON</b>	
2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>Bergeron, Michel</b>	
2.3 STREET ADDRESS <b>2705 Boule Laurier</b>	
2.4 CITY-ST-ZIP <b>St. Foy (Quebec) Canada</b>	
3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Lerner, Steven</b>	
3.3 STREET ADDRESS <b>3990 John Road</b>	
3.4 CITY-ST-ZIP <b>Detroit MI</b>	
4.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Dillman, Robert</b>	
4.3 STREET ADDRESS <b>Hoag Cancer Center-301 Newport Blvd</b>	
4.4 CITY-ST-ZIP <b>Newport Beach, CA 92663</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>Sidwell, Robert W.</b>	
6.3 STREET ADDRESS <b>Utah State Univ. - 5600 University Blvd.</b>	
6.4 CITY-ST-ZIP <b>Logan, UT 84322-5600</b>	

14. I hereby certify that the information 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 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 \_\_\_\_\_

CR2E037 (10/97)