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**Feb 23, 1999 8:00 am**  
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02-23-1999 90020 045 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 767316**

1. Corporation Name

**INTER-AMERICAN SOCIETY FOR CHEMOTHERAPY, INC.**

Principal Place of Business

1115 E KENNEDY BLVD (33602)  
PO BOX 2380  
TAMPA FL 33601-2380

Mailing Address

UTAH STATE UNIVERSITY  
5600 UNIVERSITY BLVD. Old Main Hill  
LOGAN UT 84322-5600  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/07/1983

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

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

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 VPD  
NAME FELD, RONALD  
STREET ADDRESS 500 SHERBOURNE ST. PRINCESS MARGARET HOSP.  
CITY-ST-ZIP TORONTO ON

TITLE D  
NAME BERGERON, MICHEL  
STREET ADDRESS 2705 BOULE LAURIER  
CITY-ST-ZIP ST. FOY (QUEBEC) CANADA

TITLE D  
NAME LERNER, STEVEN  
STREET ADDRESS 3990 JOHN RD  
CITY-ST-ZIP DETROIT MI

TITLE SD  
NAME GUSTAVO-GERCOVISH, FELIPE  
STREET ADDRESS PSIO 2 APT 7  
CITY-ST-ZIP BUENOS AIRES AR

TITLE D  
NAME FRANKEL, JACK  
STREET ADDRESS 1115 E. KENNEDY BLVD.  
CITY-ST-ZIP TAMPA FL 33602

TITLE TD  
NAME SIDWELL, ROBERT W  
STREET ADDRESS UTAH STATE UNIV, 5600 UNIV BLVD  
CITY-ST-ZIP LOGAN UT 84322

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Dillman, Robert  
1.3 STREET ADDRESS Hoag Memorial Cancer Research Institute  
1.4 CITY-ST-ZIP Newport Beach, CA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Sidwell

01-07-99

(435) 797-1902

Date

Daytime Phone #

CR2E037 (1/98)