

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005326

FILED
Mar 17, 2009
Secretary of State

Entity Name: CANCER SERVICES OF ALLEN COUNTY, INC.

Current Principal Place of Business:

6316 MUTUAL DRIVE
FORT WAYNE, IN 46825

New Principal Place of Business:

Current Mailing Address:

6316 MUTUAL DRIVE
FORT WAYNE, IN 46825

New Mailing Address:

FEI Number: 35-0965609

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: COSLOW, DICK
Address: 6316 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

Title: V () Delete
Name: HORTON, TOM
Address: 6316 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

Title: T () Delete
Name: KUMMER, RANDY
Address: 6316 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

Title: S () Delete
Name: DURNELL, DEB
Address: 6316 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

Title: D () Delete
Name: BENDER, DON
Address: 6316 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

Title: D () Delete
Name: BLOOM, GAYLE
Address: 6316 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: HORTON, THOMAS
Address: 6316 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

Title: V (X) Change () Addition
Name: STEPHENSON, JANET
Address: 6316 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

Title: T (X) Change () Addition
Name: BENDER, DON
Address: 6316 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BLOOM, GAYLE
Address: 6316 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

Title: D (X) Change () Addition
Name: BROBERG, HAL
Address: 6316 MUTUAL DRIVE
City-St-Zip: FORT WAYNE, IN 46825

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANNE MAY

CEO

03/17/2009

Electronic Signature of Signing Officer or Director

Date