

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005326

FILED  
Feb 15, 2010  
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  
Name: HORTON, THOMAS  
Address: 6316 MUTUAL DRIVE  
City-St-Zip: FORT WAYNE, IN 46825

Title: V  
Name: STEPHENSON, JANET  
Address: 6316 MUTUAL DRIVE  
City-St-Zip: FORT WAYNE, IN 46825

Title: T  
Name: BENDER, DON  
Address: 6316 MUTUAL DRIVE  
City-St-Zip: FORT WAYNE, IN 46825

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

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

Title: D  
Name: BROBERG, HAL  
Address: 6316 MUTUAL DRIVE  
City-St-Zip: FORT WAYNE, IN 46825

I hereby 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 all other like empowered.

**SIGNATURE:** DIANNE MAY

CEO

02/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date