

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36753

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: CANCER INSTITUTE OF FLORIDA, P.A.

**Current Principal Place of Business:**

% PATRICIA G. MORGAN  
661 E ALTAMONTE DR #312  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

% PATRICIA G. MORGAN  
661 E ALTAMONTE DR #312  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

FEI Number: 59-2983755      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORGAN, PATRICIA G.  
661 E ALTAMONTE DR  
SUITE 312  
ALTAMONTE SPRINGS, FL 32701 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: MORROUSE, REBECCA L., M.D.  
Address: 1800 SUMMERLAND AVE  
City-St-Zip: WINTER PARK, FL

Title: SD ( ) Delete  
Name: REYNOLDS, ROBERT B MD  
Address: 1264 WELLINGTON TERR  
City-St-Zip: MAITLAND, FL

Title: SD ( ) Delete  
Name: CASTILLO, RAUL M  
Address: 106 STONEHILL  
City-St-Zip: MAITLAND, FL 32757

Title: SD ( ) Delete  
Name: ROBINSON, DAVID  
Address: 213 FLAME AVE  
City-St-Zip: MAITLAND, FL 32751

Title: S ( ) Delete  
Name: LUKMAN, LINDA MD  
Address: 3880 EMERALD  
City-St-Zip: APOPKA, FL 32703

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC DE ARRIGOITIA

CPA

04/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date