

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L36753

FILED
Mar 07, 2008
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

Current Mailing Address:

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

New Principal Place of Business:

% PATRICIA G. MORGAN
894 E ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

% PATRICIA G. MORGAN
894 E ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701

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:

MORGAN, PATRICIA G.
894 E ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701 US

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:

03/07/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: REYNOLDS, ROBERT B MD
Address: 1264 WELLINGTON TERR
City-St-Zip: MAITLAND, FL 32751 US

Title: D (X) Change () Addition
Name: CASTILLO, RAUL M
Address: 106 STONEHILL
City-St-Zip: MAITLAND, FL 32757 US

Title: T (X) Change () Addition
Name: LUKMAN, LINDA MD
Address: 3880 EMERALD
City-St-Zip: APOPKA, FL 32703 US

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT B REYNOLDS MD

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03/07/2008

Electronic Signature of Signing Officer or Director

Date