2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2010
Secretary of State

DOCUMENT# L36753

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

Current Principal Place of Business:

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

New Principal Place of Business:

RAUL CASTILLO
894 E ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

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

New Mailing Address:

RAUL CASTILLO
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.
894 E ALTAMONTE DR
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

RAUL CASTILLO
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: RAUL CASTILLO 02/15/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: D
Name: CASTILLO, RAUL M
Address: 106 STONEHILL
City-St-Zip: MAITLAND, FL 32757 US

Title: T
Name: LUKMAN, LINDA MD
Address: 3880 EMERALD
City-St-Zip: APOPKA, FL 32703 US

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

SIGNATURE: RAUL CASTILLO PRES 02/15/2010
Electronic Signature of Signing Officer or Director Date