

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007162

FILED
Jan 18, 2011
Secretary of State

Entity Name: THE CENTER FOR CANCER REHABILITATION AND LYMPHATIC DISORDERS, INC.

Current Principal Place of Business:

311 GOLF ROAD
SUITE 1000
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

311 GOLF ROAD
SUITE 1000
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 65-1050110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, DAVID E
505 S. FLAGLER DRIVE, SUITE 1100
W. PALM BEACH, FL 33401 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: D
Name: KUNKEL, KEVIN
Address: 311 GOLF ROAD, SUITE 1000
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: KUNKEL, SUSAN
Address: 311 GOLF ROAD, SUITE 1000
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D
Name: SOTILLO, DONNA
Address: 311 GOLF ROAD, SUITE 1000
City-St-Zip: WEST PALM BEACH, FL 33407

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: KEVIN KUNKEL

D

01/18/2011

Electronic Signature of Signing Officer or Director

Date