

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00188

FILED
Mar 11, 2004
Secretary of State**Entity Name:** THE MIAMI CANCER CONFERENCE, INC.**Current Principal Place of Business:**2456 BAY ISLE CT
WESTON, FL 33327**New Principal Place of Business:****Current Mailing Address:**2456 BAY ISLE CT
WESTON, FL 33327**New Mailing Address:****FEI Number:** 59-2450554**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**DAVIS, STEVEN A CPA
2699 S BAYSHORE DR
MIAMI, FL 33133 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: P () Delete
Name: OSMAN, DANIEL M.D.,
Address: 2001 W 68TH STREET
City-St-Zip: HIALEAH, FL 33016

Title: V () Delete
Name: LEWIN, ALLAN M.D.,
Address: 8900 N KENDALL DR
City-St-Zip: MIAMI, FL 33176

Title: T () Delete
Name: OSMAN, LOIS
Address: 2456 BAY ISLE CT
City-St-Zip: WESTON, FL 33327

Title: S () Delete
Name: DERHAGOPIAN, ROBERT
Address: 6280 SUNSET DR #504
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OSMAN, DANIEL A M.D.
Address: 2456 BAY ISLE CT
City-St-Zip: WESTON, FL 33327

Title: V (X) Change () Addition
Name: DERHAGOPIAN, MD, ROBERT
Address: 7000 SW 62ND AVE., PH # B
City-St-Zip: MIAMI, FL 33143

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

Title: S (X) Change () Addition
Name: KOLOMICHUK, DONNA
Address: 1403 ST. GABRIEL LA # 3208
City-St-Zip: WESTON, FL 33326

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

SIGNATURE: DANIEL A. OSMAN, M.D.

P

03/11/2004

Electronic Signature of Signing Officer or Director

Date