

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00188

FILED
Jan 03, 2008
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 A M.D.
Address: 2456 BAY ISLE CT
City-St-Zip: WESTON, FL 33327

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

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

Title: S () Delete
Name: DELANO, DONNA
Address: 1654 HAMLET CHAPEL ROAD
City-St-Zip: PITTSBORO, NC 27312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: JARRETT, PAMELA
Address: 6115 NEW PEMBROOK LANE
City-St-Zip: FREDERICKSBURG, VA 22407

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

Title: S (X) Change () Addition
Name: OSMAN, LOIS
Address: 2456 BAY ISLE CT
City-St-Zip: WESTON, FL 33327

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

SIGNATURE: LOIS OSMAN

T/S

01/03/2008

Electronic Signature of Signing Officer or Director

Date