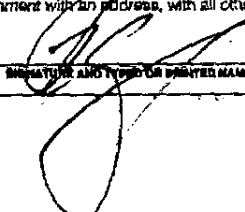


FROM

(WED) APR 27 2005 13:17/ST.13:16/No. 6808539336 P 4

FILED**May 02, 2005 08:00 AM**
Secretary of State**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000006308				
1. Entity Name CENTRAL FLORIDA CANCER INSTITUTE FOUNDATION, INC.				
Principal Place of Business 2243 N BLVD WEST DAVENPORT, FL 33837		Mailing Address 2243 N BLVD WEST DAVENPORT, FL 33837		
DO NOT WRITE IN THIS SPACE				
		04272005 No Chg-NP CR2E037 (10/03)		
4. FEI Number 59-3751620		Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JOLLY, MICHELE 400 U.S. HWY. 27 NORTH DAVENPORT, FL 33837				
		DO NOT WRITE IN THIS SPACE		
8. 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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____ (Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when registering) DATE _____				
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEYSEK, RANDY V M.D. 400 U.S. HWY 27 NORTH DAVENPORT, FL 33837			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'LEARY, DREW D.O. 400 U.S. HWY. 27 NORTH DAVENPORT, FL 33837			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JOLLY, MICHELE 400 U.S. HWY. 27 NORTH DAVENPORT, FL 33837			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: 		4/29/05 863-679-2760		