

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000007148

1. Entity Name

LAMPKIN-ASAM CANCER INSTITUTE, INC.



Principal Place of Business

P.O. BOX 6242
DELTONA FL 32725-6242

Mailing Address

P.O. BOX 6242
DELTONA FL 32725-6242



2. Principal Place of Business - No P.O. Box #

P.O. Box 6242

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6242

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/06)

City & State

Deltona, FL 32725

City & State

Deltona, FL

4. FEI Number

59-3755116

Applied For

☒ Not Applicable

Zip

32725

Country

Volusia, USA

Zip

32725

Country

Volusia, U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, RANDALL J
301 N. VOLUSIA AVE.
ORANGE CITY FL 32763

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME LAMPKIN ASAM, JULIA M
STREET ADDRESS P.O. BOX 6242
CITY-ST-ZIP DELTONA FL 32725-6242

TITLE STD ☐ Delete
NAME ASAM, JOSEPH JR.
STREET ADDRESS 3240 TEALWOOD TER.
CITY-ST-ZIP DELTONA FL 32725

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

President and Director

SIGNATURE: Julia McCann LAMPKIN-ASAM Ph.D., Julia McCann LAMPKIN-ASAM, 386.532-6270