2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000003247

FILED Jan 09, 2003 Secretary of State

Entity Name: OVARIAN CANCER ALLIANCE OF FLORIDA-GULF COAST, INC.

Sa3s CLOUDSTONE COURT NAPLES, FL 341194606 FEI Number: 02-0593316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desirer Name and Address of Current Registered Agent: BENIVEGNA, CAROLYN Sa3s CLOUDSTONE COURT NAPLES, FL 341194606 The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P () Delete Name: BENIVEGNA, CAROLYN Address: City-St-Zip: NAPLES, FL 341194606 City-St-Zip: NAPLES, FL 341194606 City-St-Zip: NAPLES, FL 341194060 City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 341119 City-St-Zip: NAPLES, FL 341110 City-St-Zip: NAPLES, FL 341110 City-St-Zip: NAPLES, FL 341111 City-St-Zip: NAPLES, FL 341117 City-St-Zip: NAPLES, FL 341110 City-St-Zip: NAPLES, FL 34111	Current Pi	rincipal Place	of Business:	New Principal Plac	e of Business:	
Seas CLOUDSTONE COURT NAPLES, FL 341194606 FEI Number: 02-0593316 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desirer Name and Address of Current Registered Agent: BENIVEGNA, CAROLYN 5835 CLOUDSTONE COURT NAPLES, FL 341194606 The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: Electronic Signature of Registered Agent Date OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR			JRT			
Name and Address of Current Registered Agent: BENIVEGNA, CAROLYN 5835 CLOUDSTONE COURT NAPLES, FL 341194606 The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Current M	ailing Address	::	New Mailing Addre	New Mailing Address:	
Name and Address of Current Registered Agent: BENIVE GNA, CAROLYN			JRT			
BENIVEGNA, CAROLYN 5835 CL OUDSTONE COURT NAPLES, FL 341194606 The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	FEI Number:	02-0593316	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent	Name and	Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:	
ADDITIONS/CHANGES TO OFFICERS AND DIF Title: P () Delete Title: () Change () Addition Name: BENIVEGNA, CAROLYN Address: 5835 CLOUDSTONE COURT Address: City-St-Zip: NAPLES, FL 341194606 City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: NAPLES, FL 341194606 City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 341119 City-St-Zip: NAPLES, FL 34117 City	5835 CLOI	JDSTONE COL	JRT			
Electronic Signature of Registered Agent Date DFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIR Title:			ubmits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
ADDITIONS/CHANGES TO OFFICERS AND DIF Title: P () Delete Title: () Change () Addition Name: BENIVEGNA, CAROLYN Address: 5835 CLOUDSTONE COURT Address: City-St-Zip: NAPLES, FL 341194606 City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: NAPLES, FL 341194606 City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Change () Addition Name: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34110 City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 341119 City-St-Zip: NAPLES, FL 34117 City	SIGNATUF		Cinnel And And	1	Dete	
Title:						
Name: BENIVEGNA, CAROLYN	OFFICERS	S AND DIRECT	ORS:	ADDITIONS/CHANG	GES TO OFFICERS AND DIRECTORS:	
Name: KRAUSE, SUSAN Name: Address: 210 SILVERADO Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: S () Delete Title: () Change () Addition Name: MIFSUD, PATRICIA Name: Address: 2035 IMPERIAL GOLF COURSE BLVD Address: City-St-Zip: NAPLES, FL 34110 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: KRAUSE, ANDREW J ESQ Name: Address: 210 SILVERADO Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: 230 1ST STREET SW Address: City-St-Zip: NAPLES, FL 34117 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip:	Name: Address:	BENIVEGNA, ĆA 5835 CLOUDSTO	ROLYN DNE COURT	Name: Address:	() Change () Addition	
Name: MIFSUD, PATRICIA Address: 2035 IMPERIAL GOLF COURSE BLVD Address: City-St-Zip: NAPLES, FL 34110 Fitle: D () Delete Title: () Change () Addition Name: KRAUSE, ANDREW J ESQ Address: 210 SILVERADO Address: 210 SILVERADO Address: City-St-Zip: NAPLES, FL 34119 Fitle: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Fitle: D () Delete Title: () Change () Addition Name: Address: 230 1ST STREET SW Address: 230 1ST STREET SW City-St-Zip: NAPLES, FL 34117 Fitle: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: Fitle: D () Delete Title: () Change () Addition Name: Address: 2776 CLEVELAND AVE STE 717 Address: 2776 CLEVELAND AVE STE 717	√ame: Address:	KRAUSE, SUSAN 210 SILVERADO	1	Name: Address:	() Change () Addition	
Name: KRAUSE, ANDREW J ESQ Name: Address: 210 SILVERADO Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: PFAENDER, JANE Name: Address: City-St-Zip: NAPLES, FL 34117 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: ORR, JANES Name: Address: 2776 CLEVELAND AVE STE 717 Address:	Name: Address:	MIFSUD, PATRIC 2035 IMPERIAL	CIA GOLF COURSE BLVD	Name: Address:	() Change () Addition	
Name: PFAENDER, JANE Name: Address: 230 1ST STREET SW Address: City-St-Zip: NAPLES, FL 34117 City-St-Zip: Title: D () Delete Title: () Change () Addition Name: ORR, JANES Name: Address: 2776 CLEVELAND AVE STE 717 Address:	Vame: Address:	KRAUSE, ANDRI 210 SILVERADO	EW J ESQ	Name: Address:	() Change () Addition	
Name: ORR, JANES Name: Address: 2776 CLEVELAND AVE STE 717 Address:	Name: Address:	PFAENDER, JÁN 230 1ST STREE	IE r sw	Name: Address:	() Change () Addition	
	Name: Address:	ORR, JANES 2776 CLEVELAN	ID AVE STE 717	Name: Address:	() Change () Addition	

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: CAROLYN BENIVEGNA P 01/09/2003