FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02631 (2)

1. Corporation Name

H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
12902 MAGNOLIA DR TAMPA FL 33612-9497 US	C/O STEPHEN R. NASH, VP 12902 MAGNOLIA DRIVE TAMPA FL 33612-9497 US

3. Date Incorporated or Qualified: 04/17/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2451713 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DE LA PARTE, DAVID L
ONE TAMPA CITY CNTR
S2300
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	11 TITLE		☐ Change ☐ Addition
NAME	~~BAYNES, THOMAS E HONORAB~~	12 NAME		
STREET ADDRESS	~~4921 MEMORIAL HWY 245~~	13 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL~~	14 CITY-ST-ZIP		
TITLE	~~D~~	21 TITLE		☐ Change ☐ Addition
NAME	~~KAUFMAN, RONALD, P, MD~~	22 NAME		
STREET ADDRESS	~~12901 BRUCE B DOWNS MDC2~~	23 STREET ADDRESS		
CITY-ST-ZIP	~~TAMPA FL~~	24 CITY-ST-ZIP		
TITLE	~~D~~	31 TITLE	T/D	☒ Change ☐ Addition
NAME	MOFFITT, H., LEE	32 NAME		
STREET ADDRESS	4230 S MACDILL AVE., STE. J	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	~~STD~~	41 TITLE	S/D	☒ Change ☐ Addition
NAME	BUCHANAN, DONALD, D	42 NAME		
STREET ADDRESS	610 W. BAY ST.	43 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP		
TITLE	~~PD~~	51 TITLE	C/D	☒ Change ☐ Addition
NAME	COUCH, THEODORE	52 NAME		
STREET ADDRESS	1717 E FOWLER AVE	53 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SILBIGER, MARTIN, MD	62 NAME		
STREET ADDRESS	12901 BRUCE B DOWNS MDC	63 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald D Buchanan 4-10-95 (813) 254-1464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Donald D. Buchanan, Secretary

0084100

N02631

H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC.

Additional Members of Board of Directors

Title	Name	Address
D	Timothy J. Adams	One North Dale Mabry Tampa, FL 33609-2700
D	J. Clint Brown, Esquire	501 E. Kennedy Blvd, Suite 1700 Tampa, FL 33602
D	Betty Castor	4202 E. Fowler Avenue Tampa, FL 33620
D	Robert Clark, M.D.	12902 Magnolia Drive Tampa, FL 33612-9497
D	Gay Culverhouse, Ed.D.	1002 Frankland Road Tampa, FL 33607
D	Marvin R. Dunn, M.D.	12901 Bruce B. Downs Blvd. Tampa, FL 33612
D	Honorable John Grant	610 W. Waters Avenue, Suite A Tampa, FL 33607
D	Dick A. Greco, Jr.	5701 E. Hillsborough Ave., Rm 2268 Tampa, FL 33610
D	Honorable James T. Hargrett	2107 Osborne Avenue E Tampa, FL 33680
D	Monsignor Laurence Higgins	3410 W. Hillsborough Avenue Tampa, FL 33614
D	Richard C. Karl, M.D.	12902 Magnolia Drive Tampa, FL 33612-9497
D	Charles Olds	3109 W. Buffalo Avenue Tampa, FL 33607
D	Rollin C. Richmond, Ph.D.	4020 E. Fowler Avenue Tampa, FL 33620
D	Dennis M. Ross	4010 Boy Scout Blvd. Tampa, FL 33631