

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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DOCUMENT # N02631 (2)

1. Corporation Name

H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTIT  
UTE, INC.



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  
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o George H. Wallace, VP  
Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

One Tampa City Center, Suite 2300

83

201 N. Franklin St.

84

City  
Tampa

FL

85 Zip Code  
33602

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS MOFFITT, H., LEE  
CITY-ST-ZIP 4230 S MACDILL AVE., STE. J  
TAMPA FL

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS BUCHANAN, DONALD, D  
CITY-ST-ZIP 610 W. BAY ST.  
TAMPA FL

TITLE ☐ DELETE  
NAME CD  
STREET ADDRESS COUCH, THEODORE  
CITY-ST-ZIP 1717 E FOWLER AVE  
TAMPA FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS SILBIGER, MARTIN, MD  
CITY-ST-ZIP 12901 BRUCE B DOWNS MDC  
TAMPA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(c), 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-96

(813) 254-1464

Date

Daytime Phone #

CR2E037 (12/95)

N02631

**H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC.**  
Additional Members of Board of Directors

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<u>Title</u>	<u>Name</u>	<u>Address</u>
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
D	The Honorable John Grant	610 W. Waters Avenue, Suite A Tampa, FL 33607
D	The Honorable Dick A. Greco, Jr.	306 E. Jackson Tampa, FL 33602
D	The Honorable James T. Hargrett	2107 Osborne Avenue E Tampa, FL 33680
D	Monsignor Laurence Higgins	5225 N. Himes Tampa, FL 33614
D	Mr. Jeffrey C. Huenink	6301 Benjamin Center Drive, Suite 101 Tampa, FL 33634
D	Richard C. Karl, M.D.	12902 Magnolia Drive Tampa, FL 33612-9497
D	Charles Olds	2525 Cozumel Drive Tampa, FL 33618
D	Dennis M. Ross	4010 Boy Scout Blvd. Tampa, FL 33631
D	William Spellacy, M.D.	4 Columbia Drive Tampa, FL 33606
D	Thomas J. Tighe, Ph.D.	4202 E. Fowler Avenue Tampa, FL 33620