

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N02631 (2)**  
1. Corporation Name  
**H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTIT  
UTE, INC.**Principal Place of Business  
**12902 MAGNOLIA DR  
TAMPA FL 33612-9497  
US**  
Mailing Address  
**C/O GEORGE H. WALLACE  
12902 MAGNOLIA DRIVE  
TAMPA FL 33612-9416  
US**3. Date Incorporated or Qualified  
**04/17/1984**  
3a. Date of Last Report  
**03/20/1996**  
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 ☐ No2. Principal Place of Business  
**21**  
Suite, Apt. #, etc.  
**22**  
City & State  
**23**  
Zip  
**24** Country  
**25**  
2a. Mailing Address  
**26**  
Suite, Apt. #, etc.  
**27**  
City & State  
**28**  
Zip  
**29** Country  
**30**

## 9. Name and Address of Current Registered Agent

**DE LA PARTE, DAVID L  
ONE TAMPA CITY CENTER SUITE 2300  
201 N. FRANKLIN STREET  
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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOFFITT, H., LEE</b>	1.2 NAME	
STREET ADDRESS	<b>4230 S MACDILL AVE., STE. J</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCHANAN, DONALD, D</b>	2.2 NAME	
STREET ADDRESS	<b>610 W. BAY ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COUCH, THEODORE</b>	3.2 NAME	
STREET ADDRESS	<b>1717 E FOWLER AVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILBIGER, MARTIN, MD</b>	4.2 NAME	
STREET ADDRESS	<b>12901 BRUCE B DOWNS MDC</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 P. Buchanan, Secretary**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR1/27/97  
Date(813) 254-1464  
Daytime Phone # 0047027

CR2E037 (9/96)

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

<b>Title</b>	<b>Name</b>	<b>Address</b>
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	Jeffrey C. Huenink	6301 Benjamin Center Drive, Suite 101 Tampa, FL 33634
D	James W. Ivey	101 E. Kennedy Boulevard Tampa, FL 33602
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	Bruce Samson	4807 Woodmere Road Tampa, FL 33609
D	William Spellacy, M.D.	4 Columbia Drive Tampa, FL 33606
D	Thomas J. Tighe, Ph.D.	4202 E. Fowler Avenue Tampa, FL 33620