2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02631

FILED Mar 11, 2004 Secretary of State

Entity Name: H. LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE, INC.

Current Principal Place of Business: New Principal Place of Business: 12902 MAGNOLIA DR TAMPA, FL 336129497 US **Current Mailing Address: New Mailing Address:** C/O JOHN A KOLOSKY EVP C/O JOHN A KOLOSKY EVP 12902 MAGNOLIA DRIVE 12902 MAGNOLIA DRIVE TAMPA, FL 336129416 US TAMPA, FL 336129497 US FEI Number: 59-2451713 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DE LA PARTE, L. DAVID 101 E. KENNEDY BLVD., STE. 3400 TAMPA, FL 33602 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MOFFITT, H. LEE HON. Name: Name: 4230 S MACDILL AVE., STE. J Address: Address: City-St-Zip: TAMPA, FL 33611 City-St-Zip: Title: SD () Delete Title: () Change () Addition BUCHANAN, DONALD D Name: Name: Address: 610 W. BAY ST. Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: Title: () Delete Title: () Change () Addition COUCH, THEODORE Name: Name: 1717 E FOWLER AVE Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: CD () Delete Title: () Change () Addition Name: MACK, CONNIE HON. Name: Address: 2300 N STREET, NW Address: City-St-Zip: WASHINGTON, DC 20037 City-St-Zip: Title: () Delete Title: () Change () Addition ADAMS, TIMOTHY J Name: Name: ONE NORTH DALE MABRY Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: () Delete Title: () Change () Addition IVEY, JAMES W Name: Name: Address: 4816CULBREATH ISLES ROAD Address: TAMPA, FL 33629 City-St-Zip: City-St-Zip:

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: DONALD D BUCHANAN SD 03/11/2004

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