

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90241 034 ****61.25

DOCUMENT # N02631 1. Entity Name H. LEE MOFFITT T CANCER CENTER AND RESEARCH INSTITUTE, INC.					
Principal Place of Business 12902 MAGNOLIA DR TAMPA, FL 33612-9497 US				Mailing Address 12902 MAGNOLIA DR TAMPA, FL 33612-9497 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04212008 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-2451713	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DE LA PARTE, L. DAVID 12902 MAGNOLIA DR TAMPA, FL 33612-9497				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOFFITT, H. LEE HON. 3225 S MACDILL AVE., SUITE 129-336 TAMPA, FL 33629	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BUCHANAN, DONALD D 610 W. BAY ST. TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUCH, THEODORE 1717 E FOWLER AVE TAMPA, FL 33612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MACK, CONNIE HON. 1700 PENNSYLVANIA AVE NW WASHINGTON, DC 20006	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, TIMOTHY J ONE NORTH DALE MABRY TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rothman, Robert One Tampa City Center, Suite 2880 Tampa, FL 33602	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: JOHN A. KOLOSKY 4/30/08 (813) 745 7222 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT 40091328
NO2631

**H. Lee Moffitt Cancer Center and Research Institute, Inc.
2008 Officers and Directors, Continued:**

<u>Title</u>	<u>Name</u>	<u>Address</u>
P	William S. Dalton, Ph.D., M.D.	12902 Magnolia Drive Tampa, FL 33612
EVP/DD*/ACD*	Warren J. Pledger, Ph.D.	12902 Magnolia Drive Tampa, FL 33612
EVP	James Mulé, Ph.D.	12902 Magnolia Drive Tampa, FL 33612
EVP/ACD*	Thomas A. Sellers, Ph.D., M.P.H.	12902 Magnolia Drive Tampa, FL 33612
EVP/ACD*	Daniel Sullivan, M.D.	12902 Magnolia Drive Tampa, FL 33612
EVP/COO	John A. Kolosky	12902 Magnolia Drive Tampa, FL 33612
EVP/GC*	L. David de la Parte, Esquire	12902 Magnolia Drive Tampa, FL 33612
EVP	Nicholas C. Porter	12902 Magnolia Drive Tampa, FL 33612
EVP/PIC*/CAO*	S. Clifford Schold, Jr., M.D.	12902 Magnolia Drive Tampa, FL 33612
EVP	Timothy J. Yeatman, M.D.	12902 Magnolia Drive Tampa, FL 33612
VP/CFO	Janene Culumber	12902 Magnolia Drive Tampa, FL 33612
D	The Honorable Carl Carpenter, Jr.	4305 E. Knights Griffin Road Plant City, FL 33565
D	Judy L. Genshaft, Ph.D.	4202 E. Fowler Avenue ADM 241 Tampa, FL 33620
D	The Honorable John Grant	10025 Orange Grove Drive Tampa, FL 33618

ATTACHMENT 40091328

N02631

<u>Title</u>	<u>Name</u>	<u>Address</u>
D	The Honorable James T. Hargrett	Post Office Box 21603 Tampa, FL 33622
D	Monsignor Laurence Higgins	5225 North Himes Tampa, FL 33614-6623
D	Benjamin H. Hill, III, Esquire	101 East Kennedy Blvd, Suite 3700 Tampa, FL 33602
D	Beth A. Houghton	3637 4 th Street North, Suite 395 St. Petersburg, FL 33704
D	Rhea F. Law, Esquire	501 E. Kennedy Blvd, Suite 1700 Tampa, FL 33602
D	Jack Spangler	2310 S. Hesperides Tampa, FL 33629

*DD = Deputy Director

*ACD = Associate Center Director

*GC = General Counsel

*PIC = Physician-in-Chief

*CAO = Chief Academic Officer