

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02631

FILED  
Apr 15, 2010  
Secretary of State

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

**Current Principal Place of Business:**

12902 MAGNOLIA DRIVE  
TAMPA, FL 336129497 US

**New Principal Place of Business:**

**Current Mailing Address:**

12902 MAGNOLIA DRIVE  
TAMPA, FL 336129497 US

**New Mailing Address:**

**FEI Number:** 59-2451713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DE LA PARTE, L. DAVID  
12902 MAGNOLIA DRIVE  
SRB-OGC  
TAMPA, FL 336129497 US

**Name and Address of New Registered Agent:**

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:**

**Title:** CD  
**Name:** ROTHMAN, ROBERT  
**Address:** P.O. BOX 172117  
**City-St-Zip:** TAMPA, FL 336720117 US

**Title:** VCD  
**Name:** ADAMS, TIMOTHY J  
**Address:** 3000 UNIVERSITY CENTER DRIVE  
**City-St-Zip:** TAMPA, FL 336126408 US

**Title:** STD  
**Name:** BUCHANAN, DONALD D  
**Address:** 610 W. BAY STREET  
**City-St-Zip:** TAMPA, FL 33606 US

**Title:** ASEC  
**Name:** DE LA PARTE, L. DAVID  
**Address:** 12902 MAGNOLIA DRIVE, SRB-OGC  
**City-St-Zip:** TAMPA, FL 33612 US

**Title:** PCEO  
**Name:** DALTON, PH.D., M.D., WILLIAM S  
**Address:** 12902 MAGNOLIA DRIVE, SRB-CEO  
**City-St-Zip:** TAMPA, FL 33612 US

**Title:** COO  
**Name:** KOLOSKY, JOHN A  
**Address:** 12902 MAGNOLIA DRIVE, SRB-ADM  
**City-St-Zip:** TAMPA, FL 33612 US

I hereby 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 all other like empowered.

**SIGNATURE:** L. DAVID DE LA PARTE, ESQ.

ASEC

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date