


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000005469

1. Entity Name
CENTER FOR CANCER CARE & RESEARCH ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business 1430 LAKELAND HILLS BLVD LAKELAND, FL 33805 | Mailing Address 1430 LAKELAND HILLS BLVD LAKELAND, FL 33805 |
|--|--|

DO NOT WRITE IN THIS SPACE



01162007 No Chg-NP CR2E037 (4/06)

| | |
|---|--|
| 4. FEI Number 01-0791156 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**SACO, LOUIS S
 1600 LAKELAND HILLS BLVD
 LAKELAND, FL 33805**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000624113
 02/14/07-80018-011 61.25

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SACO, LOUIS S 1600 LAKELAND HILLS BLVD LAKELAND, FL 33805 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD KAHN, ADIL 2625 S FLORIDA AVE LAKELAND, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PIOTROWSKI, STANLEY L 1430 LAKELAND HILLS BLVD LAKELAND, FL 33805 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HAIDER, KAMAL 2625 S FLORIDA AVE LAKELAND, FL 33803 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:  DATE:  DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR