


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
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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**

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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:  **30 Jan 07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #