

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 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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02132008 No Chg-NP CR2E037 (4/06)

4. FEI Number: 01-0791156 Applied For: Not Applicable
 5. Certificate of Status Desired \$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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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

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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: Stanley L. Piotrowski / STANLEY L. PIOTROWSKI 14 Feb 08 680-7956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #