

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005469

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1430 LAKELAND HILLS BLVD  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

1430 LAKELAND HILLS BLVD  
LAKELAND, FL 33805

**New Mailing Address:**

FEI Number: 01-0791156

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SACO, LOUIS S  
1600 LAKELAND HILLS BLVD  
LAKELAND, FL 33805 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: PD  
Name: SACO, LOUIS S  
Address: 1600 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33805

Title: SD  
Name: KAHN, ADIL  
Address: 2625 S FLORIDA AVE  
City-St-Zip: LAKELAND, FL 33803

Title: TD  
Name: PIOTROWSKI, STANLEY L  
Address: 1430 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33805

Title: VD  
Name: HAIDER, KAMAL  
Address: 2625 S FLORIDA AVE  
City-St-Zip: LAKELAND, FL 33803

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: STANLEY PIOTROWSKI

TD

01/13/2010

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

\_\_\_\_\_  
Date