


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90127 012 ****61.25

DOCUMENT # N03000010808	
1. Entity Name FLORIDA CANCER CLINICAL TRIALS COOPERATIVE, INC.	

Principal Place of Business 3709 W. JETTON AVE. TAMPA, FL 33629-5146	Mailing Address 3709 W. JETTON AVE. TAMPA, FL 33629-5146
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02052004 Chg-NP CR2E037 (10/03)

4. FEI Number 51-0493162		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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Frank Brogan
STREET ADDRESS		STREET ADDRESS	Ft Atlantic Univ 777 Glades Rd
CITY-ST-ZIP		CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	C/D Robert Marsh, MD
STREET ADDRESS		STREET ADDRESS	UF Shands PO Box 100277 Gainesville, FL 32610
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	S/T/D Donald A Webster
STREET ADDRESS		STREET ADDRESS	American Cancer Society 3709 W Jetton
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33629
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D William, Dalton, MD
STREET ADDRESS		STREET ADDRESS	Moffitt Cancer Ctr 12902 Magnolia Dr
CITY-ST-ZIP		CITY-ST-ZIP	Tampa, FL 33612
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D Randal Henderson, MD
STREET ADDRESS		STREET ADDRESS	655 W 8th St Jacksonville, FL 32209
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	D Joseph Rosenblatt, MD
STREET ADDRESS		STREET ADDRESS	1475 NW 12 Ave Univ of Miami
CITY-ST-ZIP		CITY-ST-ZIP	Miami, FL 33136

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Donald A Webster**  **813/253-0541**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

H103000010808

Florida Cancer Clinical Trials Cooperative, Inc.

Addition

Vice Chair/D
Robert Smallridge, MD
Mayo Clinic Jacksonville
4500 San Pablo Rd
Jacksonville, FL 32224

X

D

Kurt Stonesifer, MD
University Community Hospital
3100 E Fletcher Ave # 4037
Tampa, FL 33613

X