

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000060

FILED  
Jul 13, 2007  
Secretary of State

Entity Name: GERIATRIC ONCOLOGY CONSORTIUM, INC.

## Current Principal Place of Business:

16603 VILLENDA DE AVILA  
TAMPA, FL 33613

## New Principal Place of Business:

## Current Mailing Address:

16603 VILLENDA DE AVILA  
TAMPA, FL 33613

## New Mailing Address:

FEI Number: 20-0561327      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

WILLIAMS, JOHN A ESQ  
101 E KENNEDY BLVD STE 2700  
TAMPA, FL 33602      US

## Name and Address of New Registered Agent:

SIMON, JODY  
16603 VILLENDA DE AVILA  
TAMPA, FL 33613      US

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: JODY SIMON

07/13/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D      ( ) Delete  
Name: SIMON, JODY  
Address: 16603 VILLENDA DE AVILA  
City-St-Zip: TAMPA, FL 33613

Title: D      ( ) Delete  
Name: HAUSER, ROBERT  
Address: 77 TARRAGON LANE  
City-St-Zip: EDGEWATER, MD 21037

Title: D      ( ) Delete  
Name: BALDUCCI, LODOVICO MD  
Address: 4128 CARROLLWOOD VILLAGE DRIVE  
City-St-Zip: TAMPA, FL 336244626

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JODY SIMON

D

07/13/2007

Electronic Signature of Signing Officer or Director

Date