

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000060

FILED
Apr 30, 2008
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 ()

Name and Address of Current Registered Agent:

SIMON, JODY
16603 VILLENDA DE AVILA
TAMPA, FL 33613 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: 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: DP (X) Change () Addition
Name: SIMON, JODY
Address: 16603 VILLENDA DE AVILA
City-St-Zip: TAMPA, FL 33613

Title: DV (X) Change () Addition
Name: HAUSER, ROBERT
Address: 77 TARRAGON LANE
City-St-Zip: EDGEWATER, MD 21037

Title: DST (X) Change () Addition
Name: BALDUCCI, LODOVICO MD
Address: 4128 CARROLLWOOD VILLAGE DRIVE
City-St-Zip: TAMPA, FL 336244626

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: ROBERT HAUSER

DV

04/30/2008

Electronic Signature of Signing Officer or Director

Date