2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N04000005445

Entity Name: FIRST COAST CANCER FOUNDATION, INC.

Current Principal Place of Business:

2357 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2357 RIVERSIDE AVE.
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-1180330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LAFAYE, BROCK & ASSOC.
501 RIVERSIDE AVE 3800
JACKSONVILLE, FL 32202 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: T ( ) Delete
Name: ACKERMAN, SCOT M.D.
Address: 2357 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: T ( ) Delete
Name: PERKINS, RYAN
Address: 2357 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: T ( ) Delete
Name: MARGOLIES, JAN
Address: 2357 RIVERSIDE AVE
City-St-Zip: JACKSONVILLE, FL 32205

Title: T ( ) Delete
Name: SCOTT, MARGARET R.N.
Address: 2357 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

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:

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: SCOT N. ACKERMAN, MD T 01/07/2009

Electronic Signature of Signing Officer or Director — Date