



FILED
Apr 28, 2008 8:00 am
Secretary of State

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DOCUMENT # N07000010075				Secretary of State 04-28-2008 90394 027 ****61.25	
1. Entity Name ON THE ROAD FOR LYMPHOMA, INC.		Principal Place of Business 1915 MARAVILLA AVE #22 FT MYERS, FL 33901		Mailing Address 16970-C SAN CARLOS BLVD #184 FT MYERS, FL 33908	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number 26-1253414	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MANCHERIAN, JANICE A 1915 MARAVILLA AVE #22 FT MYERS, FL 33901				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY - ST - ZIP	DP MANCHERIAN, JANICE A 1915 MARAVILLA AVE #22 FT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LINDA S. SAMMON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 113 RIPLEY ST MARLIN, TX 76661		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO MANCHERIAN, JANICE A 1915 MARAVILLA AVE #22 FT MYERS, FL 33901 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JUNIA HUDSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 432 SW 38th ST CAPE CORAL FL 33914		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT HUGHES, KAREN L 10760 CLEAL LAKE LOOP #320 FT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARMEN JANKOWSKI <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2920 SW 39th TERR CAPE CORAL FL 33914		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MCDONALD, MARY C 7602 TANIA LANE N FT MYERS, FL 33917 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEVERLY SMALLEY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1105 NW 9th ST CAPE CORAL, FL 33993		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MANCHERIAN, KEVEN A 5840 CHERRYWOOD #2708 WEST BLOOMFIELD, MI 48322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MARY C MCDONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8081-A SOUTHWOODS CIR UNIT #1 FORT MYERS, FL 33919		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, CATHY L 1397 MCLAUGHLIN WACO, TX 76712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Janice A. Mancherian</u> JANICE A. MANCHERIAN 4/24/08 239-292-0949 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					