

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 13, 2012
Secretary of State

Entity Name: FLASCO CANCER TRIALS NETWORK, INC.

Current Principal Place of Business:

C/O RANDAL H. HENDERSON, MD, MBA
2015 N. JEFFERSON STREET
JACKSONVILLE, FL 32206

New Principal Place of Business:

FLORIDA SOCIETY OF CLINICAL ONCOLOGY
10022 WATERWORKS LANE
RIVERVIEW, FL 33578

Current Mailing Address:

C/O RANDAL H. HENDERSON, MD, MBA
2015 N. JEFFERSON STREET
JACKSONVILLE, FL 32206

New Mailing Address:

C/O NAM H. DANG, MD, PHD
UNIVERSITY OF FLORIDA, PO BOX 100278
GAINESVILLE, FL 32610

FEI Number: 26-1997841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENDERSON, RANDAL H MD, MBA
2015 N. JEFFERSON STREET
JACKSONVILLE, FL 32206 US

Name and Address of New Registered Agent:

DANG, NAM H MD, PHD
UNIVERSITY OF FLORIDA, 1600 SW ARCHER ROAD
GAINESVILLE, FL 32610 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: NAM H. DANG, MD, PHD

01/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: HENDERSON, RANDAL H MD, MBA
Address: 2015 N. JEFFERSON STREET
City-St-Zip: JACKSONVILLE, FL 32206 US

Title: DR.
Name: CASSELL, ROBERT MD
Address: 200 AVENUE F, NE
City-St-Zip: WINTER HAVEN, FL 33881 US

Title: DR.
Name: LEVINE, RICHARD MD
Address: 490 NORTH WASHINGTON AVENUE
City-St-Zip: TITUSVILLE, FL 32796

Title: DR.
Name: ROBBINS, GERALD MD
Address: 8763 RIVER CROSSING BLVD
City-St-Zip: NEW PORT RICHEY, FL 34655 US

Title: DR.
Name: DANG, NAM H
Address: UNIVERSITY OF FLORIDA, PO BOX 100278
City-St-Zip: GAINESVILLE, FL 32610 US

I hereby 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 all other like empowered.

SIGNATURE: RANDAL H. HENDERSON

DR.

01/13/2012

Electronic Signature of Signing Officer or Director

Date