2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: FLORIDA INSTITUTE CANCER FOUNDATION, INC.

Current Principal Place of Business:

70 WEST GORE AVENUE,SUITE 100
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

70 WEST GORE AVENUE,SUITE 100
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 26-4478613 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOLTUN, JEFFREY M
557 NORTH WYMORE ROAD,SUITE 100
MAITLAND, FL 32751 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: PD
Name: MILLS, HAROLD
Address: 70 WEST GORE AVENUE,SUITE 100
City-St-Zip: ORLANDO, FL 32806

Title: VPD
Name: SIMON, KENNETH
Address: 70 WEST GORE AVENUE,SUITE 100
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: ACQUINO, KENNY
Address: 70 WEST GORE AVENUE,SUITE 100
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: HOGUE, LYNN
Address: 70 WEST GORE AVENUE,SUITE 100
City-St-Zip: ORLANDO, FL 32806

Title: S
Name: KING, MELISSA
Address: 70 WEST GORE AVENUE,SUITE 100
City-St-Zip: ORLANDO, FL 32806

Title: D
Name: PAYNE, NANCY
Address: 70 WEST GORE AVENUE,SUITE 100
City-St-Zip: ORLANDO, FL 32806

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: LYNN HOGUE D 04/09/2010

Electronic Signature of Signing Officer or Director — Date