

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000004880

FILED  
Jan 07, 2012  
Secretary of State

**Entity Name:** SPACE COAST OVARIAN/GYNECOLOGIC CANCER ALLIANCE, INC.

**Current Principal Place of Business:**

1760 VALLY ROAD  
GRANT-VALKARIA, FL 32950

**New Principal Place of Business:**

**Current Mailing Address:**

1760 VALLY ROAD  
GRANT-VALKARIA, FL 32950

**New Mailing Address:**

**FEI Number:** 80-0416178

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARCADIER & ASSOCIATES, P.A.  
2815 WEST NEW HAVEN AVENUE  
SUITE 304  
MELBOURNE, FL 32904 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:** PC  
**Name:** VAN ASDALE, CONSTANCE MRS.  
**Address:** 1760 VALLY ROAD  
**City-St-Zip:** GRANT-VALKARIA, FL 32950

**Title:** S  
**Name:** ROBBINS-FOX, ALICE MS.  
**Address:** 5588 RIVERSIDE DRIVE  
**City-St-Zip:** MELBOURNE, FL 32951 US

**Title:** T  
**Name:** FOX, BRIAN MR.  
**Address:** 5588 RIVERSIDE DRIVE  
**City-St-Zip:** MELBOURNE, FL 32951 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:** CONSTANCE M. VAN ASDALE

PC

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date