2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2007
Secretary of State

DOCUMENT# N11120

Entity Name: INTERNATIONAL CANCER INSTITUTE, INC.

Current Principal Place of Business:

C/O ANTHONY LAMARCA
4005 N FEDERAL HWY STE 209
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

C/O ANTHONY LAMARCA
4005 N FEDERAL HWY STE 209
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 59-2571497 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ROBERTS, LOUIS
4005 N FED HWY
SUITE 209
FT LAUDERDALE, FL 33308 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: PCD ( ) Delete
Name: HUDAK, EUGENE
Address: 4005 N. FEDERAL HWY. 209
City-St-Zip: FT. LAUDERDALE, FL

Title: D ( ) Delete
Name: LAMARCA, ANTHONY
Address: 4005 NORTH FEDERAL HWY STE 209
City-St-Zip: FORT LAUDERDALE, FL

Title: D ( ) Delete
Name: LAMARCA, DENISE
Address: 4005 N. FEDERAL HWY., #209
City-St-Zip: FT. LAUDERDALE, FL

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:

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: ANTHONY LAMARCA D 06/08/2007

Electronic Signature of Signing Officer or Director — Date