

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11120

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**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 ( )**

**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  
Name: HUDAK, DOLORES  
Address: 4005 N. FEDERAL HWY. 209  
City-St-Zip: FT. LAUDERDALE, FL

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

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

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: ANTHONY LAMARCA

D

03/15/2010

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

\_\_\_\_\_  
Date