

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22856

FILED
Apr 07, 2009
Secretary of State

Entity Name: FLORIDA SOCIETY OF ONCOLOGY SOCIAL WORKERS, INC.

Current Principal Place of Business:

1405 HEARTHSTONE LANE
LONGWOOD, FL 32750 US

New Principal Place of Business:

3091 OAK AVE.
MIAMI, FL 33133 US

Current Mailing Address:

P.O. BOX 522314
LONGWOOD, FL 327522314 US

New Mailing Address:

FEI Number: 59-2834503 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MICELI, CHARLES J
1405 HEARTHSTONE LANE
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

GOWDA, ROBIN LCSW
3091 OAK AVE.
MIAMI, FL 33133 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: ROBIN GOWDA, LCSW

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SULLIVAN, R I LCSW
Address: 4306 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: P () Delete
Name: DELAFRANCONI, MICHELE D LCSW
Address: 1400 S. ORANGE AVE., M.P. 770
City-St-Zip: ORLANDO, FL 32806 US

Title: TD () Delete
Name: MICELI, CHARLES J LCSW
Address: 1405 HEARTHSTONE LANE
City-St-Zip: LONGWOOD, FL 32750 US

Title: D () Delete
Name: TURNEY, LCSW, MARY E
Address: 12902 MAGNOLIA DR
City-St-Zip: TAMPA, FL 33612 US

Title: S () Delete
Name: DEMARCO, ROSEMARY
Address: 12902 MAGNOLIA DR.
City-St-Zip: TAMPA, FL 33612 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: SULLIVAN, R I LCSW
Address: 4306 ALTON RD.
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: P/D (X) Change () Addition
Name: DELAFRANCONI, MICHELE D LCSW
Address: 1400 S. ORANGE AVE., M.P. 770
City-St-Zip: ORLANDO, FL 32806 US

Title: T (X) Change () Addition
Name: GOWDA, ROBIN LCSW
Address: 3091 OAK AVE.
City-St-Zip: MIAMI, FL 33133 US

Title: D (X) Change () Addition
Name: KONDAKI, CARA LCSW
Address: 1279 NW 112 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071 US

Title: S (X) Change () Addition
Name: KOTOWSKI, ALLISON LCSW
Address: 9143 PHILIPS HWY., STE. 560
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: C () Change (X) Addition
Name: MICELI, CHARLES LCSW
Address: 1405 HEARTHSTONE LANE
City-St-Zip: LONGWOOD, FL 32750 US

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: ROBIN GOWDA, LCSW

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04/07/2009

Electronic Signature of Signing Officer or Director

Date