

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N29313**

1. Entity Name  
CHILDREN'S CANCER CARING CENTER, INC.



Principal Place of Business

2750 NE 183RD ST.  
APT. T-1508  
N. MIAMI BEACH, FL 33160 US

Mailing Address

2750 NE 183RD ST.  
APT. T-1508  
N. MIAMI BEACH, FL 33160 US



03242004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0081511

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, LEWIS H.  
4238 HOLLYWOOD BLVD., STE. 201  
HOLLYWOOD, FL 33021

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000104128  
04/05/04-80085-014 61.25

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME KLEIN, LEE  
STREET ADDRESS 2750 N.E. 183RD ST.  
CITY-ST-ZIP NO, MIAMI BEACH, FL

TITLE VTD  
NAME PODVIN, ERMA  
STREET ADDRESS 423 30TH ST.  
CITY-ST-ZIP MIAMI BEACH, FL

TITLE SVD  
NAME BOGORFF, TOBY  
STREET ADDRESS 11001 SW 27TH ST  
CITY-ST-ZIP DAVIE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *x Lee Klein (LEE KLEIN)*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*x 4/1/04 (305) 932-1606*

Date Daytime Phone #