

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90020 023 ****61.25

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State

City & State

4. FEI Number

65-0081511

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EISEN, WAYNE
4238 HOLLYWOOD BLVD
STE 201
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME KLEIN, LEE
STREET ADDRESS 2750 N.E. 183RD ST.
CITY- ST- ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ Change ☒ Addition
NAME V.D. MINDY KLEIN Gault
STREET ADDRESS 19191 NE 31 COURT #409
CITY- ST- ZIP AVENTURA, FL 33160

TITLE VTD ☐ Delete
NAME PODVIN, ERMA
STREET ADDRESS 423 30TH ST.
CITY- ST- ZIP MIAMI BEACH FL 33140

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE SVD ☐ Delete
NAME BOGORFF, TOBY
STREET ADDRESS 11001 SW 27TH ST.
CITY- ST- ZIP DAVIE FL 33328

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Lee Klein (LEE KLEIN)*

2/5/08

(305) 932-1606