

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29313

FILED  
Feb 03, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0081511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EISEN, WAYNE  
4238 HOLLYWOOD BLVD  
STE 201  
HOLLYWOOD, FL 33021 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: PD ( ) Delete  
Name: KLEIN, LEE,  
Address: 2750 N.E. 183RD ST.  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: VTD ( ) Delete  
Name: PODVIN, ERMA,  
Address: 423 30TH ST.  
City-St-Zip: MIAMI BEACH, FL 33140

Title: SVD ( ) Delete  
Name: BOGORFF, TOBY  
Address: 11001 SW 27TH ST.  
City-St-Zip: DAVIE, FL 33328

Title: VD ( ) Delete  
Name: GOULD, MINDY K  
Address: 18181 NE 31 CT STE409  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

**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:

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: LEE KLEIN

P

02/03/2009

Electronic Signature of Signing Officer or Director

Date