

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 29, 2004  
Secretary of State**

DOCUMENT# N37773

Entity Name: CANCER RESEARCH INSTITUTE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

7880 SW 139TH TERRACE  
MIAMI, FL 33158 US

**New Principal Place of Business:**

**Current Mailing Address:**

1332 WHITE AVE  
HENDERSON, TN 38340 US

**New Mailing Address:**

FEI Number: 65-0207764      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CLARK, NATHAN  
12651 S. DIXIE HWY., #335  
PINECREST, FL 33156 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: THORNTHWAITE, JERRY T  
Address: 306 S. CHURCH AVE  
City-St-Zip: HENDERSON, TN 38340

Title: STD ( ) Delete  
Name: THORNTHWAITE, BONITA N  
Address: 306 S. CHURCH AVE  
City-St-Zip: HENDERSON, TN 38340

Title: D ( ) Delete  
Name: CLARK, NATHAN  
Address: 7880 SW 139TH TERRACE  
City-St-Zip: MIAMI, FL 33158 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: THORNTHWAITE, JERRY T  
Address: 1332 WHITE AVENUE  
City-St-Zip: HENDERSON, TN 38340

Title: STD (X) Change ( ) Addition  
Name: THORNTHWAITE, BONITA N  
Address: 1332 WHITE AVENUE  
City-St-Zip: HENDERSON, TN 38340

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JERRY T. THORNTHWAITE

DR.

05/29/2004

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

\_\_\_\_\_  
Date