

7-25-97 B-8020 NC  
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 25 1997 8:00am  
Secretary of State

DOCUMENT # N94000004351 (2)

1. Corporation Name

GEFFEN CANCER CENTER AND RESEARCH INSTITUTE FOUNDATION, INC.

Principal Place of Business

Mailing Address

981 37TH PL  
VERO BEACH FL 32960

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VERO BEACH FL 32960



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
09/06/1994

3a. Date of Last Report  
07/02/1996

4. FEI Number  
65-0536017

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMPTON, ROBERT J  
C/O COMPTON & ASSOCIATES  
117 QUEEN CHRISTINA CT  
FT PIERCE FL 34949

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE EDD ☐ DELETE  
NAME GEFFEN, JEREMY R MD  
STREET ADDRESS 981 37TH PLACE  
CITY-ST-ZIP VERO BCH. FL 32960

TITLE T ☐ DELETE  
NAME BERGER, GARY CPA  
STREET ADDRESS 1111 ORANGE AVE. STE. 300  
CITY-ST-ZIP FT. PIERCE FL 34950

TITLE T ☐ DELETE  
NAME BASS, PAUL DDS  
STREET ADDRESS 311 N. JACKSON ST. STE. 8  
CITY-ST-ZIP TULLATIOMA TN 37388

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

7/18/97

561-770-5800

CR2E037 (4/97)