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Apr 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000108 (8)

1. Corporation Name

CANCER SURVIVORSHIP ALLIANCE OF SOUTH FLORIDA, I
NC.



Principal Place of Business

Mailing Address

759 HERON ROAD
FORT LAUDERDALE FL 33326

759 HERON ROAD
FORT LAUDERDALE FL 33326-3345

2. Principal Place of Business

2a. Mailing Address

21 2532 Eagle Run Circle

26 2532 Eagle Run Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Weston, FL

28 Weston, FL

Zip

Zip

Country

Country

24 33327

25 U.S.A.

29 33327

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRODER, GAIL S
759 HERON ROAD
FORT LAUDERDALE FL 33326

81 Name

Sandra

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

2532 Eagle Run Circle

83

84 City

Weston

FL

85 Zip Code

33327

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

Gail S. Broder, Pres.

4/15/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BRODER, GAIL S
STREET ADDRESS 759 HERON ROAD
CITY-ST-ZIP FORT LAUDERDALE FL 33326

1.1 TITLE DIP
1.2 NAME
1.3 STREET ADDRESS 2532 Eagle Run Circle
1.4 CITY-ST-ZIP Weston, FL 33327

TITLE D
NAME BRODER, SAMUEL M.D.
STREET ADDRESS 759 HERON ROAD
CITY-ST-ZIP FORT LAUDERDALE FL 33326

2.1 TITLE D
2.2 NAME JoBeth Speyer, Dir. Cancer Info. Svc.
2.3 STREET ADDRESS 1150 N.W. 14th St.
2.4 CITY-ST-ZIP Miami, FL 33136

TITLE D
NAME STEINMETZ, JUDITH
STREET ADDRESS 9497 NORTH BELFORT CIRCLE
CITY-ST-ZIP TAMARAC FL 33321

3.1 TITLE D
3.2 NAME Mary Lottenberg, RN, Dir. Onc. Svcs.
3.3 STREET ADDRESS Memorial Regional Cancer Center
3.4 CITY-ST-ZIP 3501 Johnson St. Hollywood, FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D
4.2 NAME Mort Silverblatt
4.3 STREET ADDRESS 20605 NE 7th Court
4.4 CITY-ST-ZIP Miami, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

CR2E037 (9/96)