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FILED

May 14 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 # N96000002754 (7)

1. Corporation Name

THE CANCER GROUP FOUNDATION, INC.



Principal Place of Business

Mailing Address

1814 N.E. MIAMI GARDENS DR.  
SUITE 307  
NORTH MIAMI BEACH FL 33179

1814 N.E. MIAMI GARDENS DR.  
SUITE 307  
NORTH MIAMI BEACH FL 33179-5036

3. Date Incorporated or Qualified  
05/23/1996

3a. Date of Last Report

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

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4. FEI Number

65-0709105

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELLER & BARNETT CORPORATE SERVICES  
1214 N. UNIVERSITY DRIVE  
PLANTATION FL 33322

81 Name

Michael Braham

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

17620 NE 4th Ave.

83

84 City

N. Miami Beach

FL

85 Zip Code

33162

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 *Michael Braham* MICHAEL BRAHAM

4-26-97

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 ☐ DELETE

NAME D  
BRAHAM, MICHAEL  
STREET ADDRESS 1814 NE MIAMI GARDENS DR. #307  
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ DELETE

NAME D  
STERN, J B MD  
STREET ADDRESS 1814 NE MIAMI GARDENS DR. #307  
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ DELETE

NAME D  
STERN, DANIEL G MD  
STREET ADDRESS 1814 NE MIAMI GARDENS DR. #307  
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ DELETE

NAME D  
COPE, M T DR.  
STREET ADDRESS 1814 NE MIAMI GARDENS DR. #307  
CITY-ST-ZIP N MIAMI BEACH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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CS  
5/14/97

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)