

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000002197

FILED
Apr 28, 2004
Secretary of State

Entity Name: THE SIMON ROZEN FOUNDATION FOR THE HIGHER EDUCATION OF ONCOLOGY NURSES, INC.

Current Principal Place of Business:

1200 NW 98 AVE
PLANTATION, FL 33322

New Principal Place of Business:

Current Mailing Address:

1200 NW 98 AVE
PLANTATION, FL 33322

New Mailing Address:

FEI Number: 65-0890663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROZEN, SIMON
9348 CARLYLE AVE
SURFSIDE, FL 33154

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: D () Delete
Name: BECKER, THEODORE
Address: 177 OCEAN LANE DRIVE #514
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: GROSSMAN, MARTIN
Address: 4701 N MERIDIAN AVE SUITE E100
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: MILONE, DOMINICK D
Address: 260 MONTAUK HWY.
City-St-Zip: BAY SHORE, NY 11706

Title: D () Delete
Name: ROZEN, SIMON
Address: 9348 CARLYLE AVE
City-St-Zip: SURFSIDE, FL 33154

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 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: SIMON ROZEN, M.D.

OFFI

04/28/2004

Electronic Signature of Signing Officer or Director

Date