

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90049 038 ***150.00

DOCUMENT # P06000026727 1. Entity Name I. KAPNICK MEMORIAL CANCER CONTROL CONSORTIUM, P.A.																																																																																																											
Principal Place of Business 1411 NORTH FLAGLER DRIVE SUITE 5000 WEST PALM BEACH, FL 33401 US		Mailing Address 1411 NORTH FLAGLER DRIVE SUITE 5000 WEST PALM BEACH, FL 33401 US																																																																																																									
2. Principal Place of Business - No P.O. Box # 3345 BURNS Road		3. Mailing Address 3345 BURNS Road																																																																																																									
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203																																																																																																									
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL																																																																																																									
Zip 33410-4305		Zip 33410-4305																																																																																																									
Country Palm Beach		Country Palm Beach																																																																																																									
6. Name and Address of Current Registered Agent KAPNICK, S. JASON 335 LEEWARD DRIVE JUPITER, FL 33477		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____																																																																																																									
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable _____ DATE _____																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P.D</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"> </td> </tr> <tr> <td>NAME</td> <td>KAPNICK, S. JASON</td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td>335 LEEWARD DRIVE</td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JUPITER, FL 33477</td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td> </td> <td>TITLE</td> <td> </td> </tr> <tr> <td>NAME</td> <td> </td> <td>NAME</td> <td> </td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td>STREET ADDRESS</td> <td> </td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td>CITY-ST-ZIP</td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td> </td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	P.D	TITLE		NAME	KAPNICK, S. JASON	NAME		STREET ADDRESS	335 LEEWARD DRIVE	STREET ADDRESS		CITY-ST-ZIP	JUPITER, FL 33477	CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE		NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP			<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																											
SIGNATURE: <u>S. Jason Kapnick, Pres</u> 2/10/06 561 6223810 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____																																																																																																											

Enclosed

40021387



02132007 Chg-P CR2E034 (12/06)

4. FEI Number **20-4408025** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

ATTACHMENT

H002/1387

I. KAPNICK MEMORIAL

P06000026727

CANCER CONTROL CONSORTIUM
INTERNATIONAL, INTERACTIVE, CONSULTATION & PREVENTION SERVICE

3345 BURNS ROAD, SUITE 203
PALM BEACH GARDENS, FL 33410, USA

561-622-3810 OFFICE
561-775-9617 FAX

S. JASON KAPNICK, M.D., F.A.C.S.
ASST. CONS. PROF. DUKE UNIVERSITY
FR. INSTRUCTOR, HARVARD MED SCHOOL

HARVARD MEDICAL SCHOOL
MEMBER DEAN'S COUNCIL
JOHN WARREN FELLOW

New Assess
The

Jason