

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000065334

FILED  
Mar 31, 2009  
Secretary of State

**Entity Name:** GEFFEN CANCER CENTER AND RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

4450 ARAPAHOE AVENUE  
SUITE 100  
BOULDER, CO 80304

**New Principal Place of Business:**

**Current Mailing Address:**

4450 ARAPAHOE AVENUE  
SUITE 100  
BOULDER, CO 80304

**New Mailing Address:**

**FEI Number:** 65-0849012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COTHERMAN, ROSS  
5070 HIGHWAY A1A  
STE 250  
VERO BEACH, FL 32963 US

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GEFFEN, JEREMY R MD  
Address: 4450 ARAPAHOE STE 100  
City-St-Zip: BOULDER, CO 80303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: GEFFEN, JEREMY R MD  
Address: 4450 ARAPAHOE STE 100  
City-St-Zip: BOULDER, CO 80303

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** JEREMY R. GEFFEN MD

PRES

03/31/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date