2006 FOR PROFIT CORPORATION ANNUAL REPORT

chment with an address, with all other like empowered.

IGNING OFFICER OR DIRECTOR

Secretary of State DOCUMENT # P96000010122 07-24-2006 90003 003 ***550.00 1. Entity Name CANCER REPORTING SERVICES, INC. Principal Place of Business Mailing Address **JUUZZJJK** H432 DEER CRUFT COURT 11432 DEER CROFT COURT. HERNANDO, FL 34609-9689 US SPRING HILL, FL 34609-9689 US 2. Principal Place of Business 3. Mailing Address 8430 Montravail Circle 8430 Montravail Circle Suite, Apt. #, etc. # 339 04272006 Cha-P CR2E034 (11/05) Applied For 4 FEI Number Temple Terrace, FL Temple Terrace, FL 65-0642507 Not Applicable 33637 \$8.75 Additional 33637 Hillsborough Hillsbouough 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DE LA PARTE, L. DAVID Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BLV., SUITE 3400 TAMPA, FL 33602 City Zip Code FL 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ____ Addition TITLE TITLE Change NAME SMITH, SUSAN K NAME 8430 Montravail Circle #339 STREET ADDRESS 5021 S ELBERON ST STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33611 CITY-ST-ZIP Temple Terrace; FL 33637 TITLE 1 Delete TITLE ☐ Channe Addition SMITH GAMBLE, GREGORY C NAME NAME STREET ADDRESS 8354 S HOLLAND WAY #108 STREET ADDRESS CITY-ST-ZIP LITTLETON, CO 80128 CITY-ST-ZIP \$ TITLE TITLE ☐ Change ☐ Addition Delete DONNELLY, KATHERINE S NAME NAME STREET ADDRESS 3441 N 52ND ST STREET ADDRESS CITY-ST-ZIP LINCOLN, NE 68504 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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

7-16-06

FILED Jul 24, 2006 8:00 am ATTACHMENT

July 19, 2006

Florida Department of State

I apologize for the delay in sending the enclosed. I have been my mother's caregiver for the past ten years. She recently passed away and it has caused delays in both business and personal aspects of my life.

Sincerely, Susan K Smith

Susan K. Smith