

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90100 038 \*\*\*150.00

**DOCUMENT # P96000010122**

1. Entity Name  
**CANCER REPORTING SERVICES, INC.**



Principal Place of Business  
**11432 DEER CROFT COURT  
HERNANDO FL 34609-9689  
US**

Mailing Address  
**11432 DEER CROFT COURT  
HERNANDO FL 34609-9689  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Spring Hill, FL**

4. FEI Number **65-0642507**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE LA PARTE, L. DAVID  
101 E. KENNEDY BLV., SUITE 3400  
TAMPA FL 33602**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **SMITH, SUSAN K**  
STREET ADDRESS **1432 DEER CROFT COURT**  
CITY-ST-ZIP **SPRING HILL FL 34609-9389**

TITLE ☒ Change ☐ Addition  
NAME **11432 Deercroft Court**  
STREET ADDRESS **↳ 1 word**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SMITH, LOWELL D.**  
STREET ADDRESS **11435 BRUCE B DOWNS BLVD 2014**  
CITY-ST-ZIP **TAMPA FL 33613**

TITLE ☒ Change ☐ Addition  
NAME **1619 23RD Aven**  
STREET ADDRESS **St Pete, FL 33713**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SMITH, KATHERINE S.**  
STREET ADDRESS **2198 S PARIS WAY 104**  
CITY-ST-ZIP **AURORA CO 80014**

TITLE ☒ Change ☐ Addition  
NAME **Donnelly, Katherine S**  
STREET ADDRESS **10225 E GIRARD Ave MID**  
CITY-ST-ZIP **DENVER, CO 80231**

TITLE **S** ☐ Delete  
NAME **REESOR, KATHERINE D.**  
STREET ADDRESS **853 E FAIRBAIRN DR**  
CITY-ST-ZIP **DELTONA FL**

TITLE ☒ Change ☐ Addition  
NAME **Smith, Lowell D**  
STREET ADDRESS **1619 23RD Aven**  
CITY-ST-ZIP **ST Pete, FL 33713**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 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: **Susan K Smith** REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/03**

Date

**352 666 9143**

Daytime Phone #

CR2E034 (10/02)