

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003213

Entity Name: FLORIDA CANCER SPECIALISTS FOUNDATION, INC.**Current Principal Place of Business:**4371 VERONICA S SHOEMAKER BLVD
FORT MYERS, FL 33916**Current Mailing Address:**FCS FOUNDATION
5204 PAYLOR LANE
SARASOTA, FL 34240 US**FEI Number:** 20-4616813**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PRECHTL, BRAD
FCS FOUNDATION
5200 PAYLOR LANE
SARASOTA, FL 34240 US*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**Officer/Director Detail :**

Title	CHAIRMAN
Name	PRECHTL, BRAD
Address	FCS FOUNDATION 5200 PAYLOR LANE
City-State-Zip:	SARASOTA FL 34240

Title	VICE CHAIR
Name	DIAZ, MICHAEL DR.
Address	FCS FOUNDATION 5204 PAYLOR LANE
City-State-Zip:	SARASOTA FL 34240

Title	TREASURER
Name	UHLER, J. THOMAS
Address	FCS FOUNDATION 5204 PAYLOR LANE
City-State-Zip:	SARASOTA FL 34240

Title	BOARD MEMBER
Name	GLENN, SHELLY H.
Address	FCS FOUNDATION 5200 PAYLOR LANE
City-State-Zip:	SARASOTA FL 34240

Title	BOARD MEMBER
Name	PERSON, CORY
Address	FCS FOUNDATION 5204 PAYLOR LANE
City-State-Zip:	SARASOTA FL 34240

Title	BOARD MEMBER
Name	PHIPPS, SR., JEFFREY
Address	FCS FOUNDATION 5204 PAYLOR LANE
City-State-Zip:	SARASOTA FL 34240

Title	BOARD MEMBER
Name	SHWINER, JOHN
Address	FCS FOUNDATION 5204 PAYLOR LANE
City-State-Zip:	SARASOTA FL 34240

I hereby 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 all other like empowered.

SIGNATURE: SHELLY GLENN**CHIEF MARKETING &
SALES OFFICER****03/01/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date