2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000005168

Entity Name: SEATTLE CANCER CARE ALLIANCE CORPORATION

FILED Apr 26, 2022 Secretary of State 0077418593CC

Current Principal Place of Business:

1100 FAIRVIEW AVE N SEATTLE. WA 98109

Current Mailing Address:

825 EASTLAKE AVE. E PO BOX 19023 MS FRW-200 SEATTLE. WA 98109 US

FEI Number: 91-1935159 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

UNISEARCH, INC. 1990 MAIN STREET SUITE 750 - 709 SARASOTA, FL 34236 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:

Name

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

EXECUTIVE VICE PRESIDENT & Title Title VP & GENERAL COUNSEL, CORP.

SECRETARY EXECUTIVE DIRECTOR

Name DAVIDSON, NANCY DR. Name HAYDON, STEVEN Address 1100 FAIRVIEW AVE N Address 1100 FAIRVIEW AVE N City-State-Zip: SEATTLE WA 98109 City-State-Zip: SEATTLE WA 98109

VP & CHIEF FINANCIAL OFFICER Title **VP & CHIEF ADMINISTRATIVE** Title

OFFICER

BROWDY, DAVID Name Name ROBINSON, NICOLE Address 1100 FAIRVIEW AVE N 1100 FAIRVIEW AVE N Address City-State-Zip: SEATTLE WA 98109

City-State-Zip: SEATTLE WA 98109

GOVERNMENT REPORTING Title Title PRESIDENT & DIRECTOR MANAGER (AUTHORIZED

REPRESENTATIVE) LYNCH, THOMAS DR. Name TAPIA, CHRYSTA

Address 1100 FAIRVIEW AVE N Address 1100 FAIRVIEW AVE N

City-State-Zip: SEATTLE WA 98109 City-State-Zip: SEATTLE WA 98109

CORPORATE TREASURER Title Title CORPORATE CONTROLLER

Name BONE, HERBERT Name BUNDESMANN, CHRISTOPHER 1100 FAIRVIEW AVE N Address

Address 1100 FAIRVIEW AVE N City-State-Zip: SEATTLE WA 98109 SEATTLE WA 98109 City-State-Zip:

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.

04/26/2022 SIGNATURE: CHRYSTA TAPIA GOVERNMENT REPORTING MANAGER