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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850) 222-9428

CRETARY OF STATE LAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

CANCER TREATMENT RESEARCH FOUNDATION, INC.

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Public Access Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections	507.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of Oklahoma in order to change its registered office or registered agent, or both, in the State	
	E ITS TEGISTICS OF TEGISTICS OF EXPLINE OF EXPLINE OF EXPLINE
of Florida.	R TREATMENT RESEARCH FOUNDATION, INC.
	,
2. The principal office address: 3150 SA	LT CREEK LANE, SUITE 122, ARLINGTON HEIGHTS IL 60005
3. The mailing address (if different):	·
4. Date of incorporation/qualification: 0	
5. The name and street address of the cu Florida Department of State:	rrent registered agent and registered office on file with the
CORPO	DRATION SERVICE COMPANY
	1201 HAYS ST.
·	TALLAHASSEE FL 32301
6. The name and street address of the changed):	new registered agent (if changed) and /or registered office (if
	CT Corporation System
	% CT Corporation System
•	ox or personal mailbox NOT acceptable)
. 1200 South Fi	ne Island Road, Plantation, Florida 33324
The street address of its registered office agent, as changed will be identical.	e and the street address of the business office of its registered
Such change was authorized by resolution authorized by the board, or the corporate is a such as the co	on duly adopted by its board of directors or by an officer so ion has been notified in writing of the change, Michael J. Smith, Assistant Secretary Ostel (Frieted or typed name and file)
I hereby accept the appointment as regi I further agree to comply with the provi performance of my dulies, and I am fan registered agent. Or, if this document i office address, I hereby confirm that the	stered agent and agree to act in this capacity. sions of all statutes relative to the proper and complete sillar with and accept the obligation of my position as s being filed merely to reflect a change in the registered c corporation has been notified in writing of this change.
C T Corporation System	
By:	January 2, 2004
(S(phature of Registered Agent)	(Date)
If aigning on behalf of an surity; James Halpin	Assistant Sourctary.
(Typed or Printed Name)	(Cepacity)
4 4 4 4 1	DIT TAKE DEED, DOE OO & &

Make Checks payable to Florida Department of State and Mar, to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314