

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008025

FILED
Jul 07, 2008
Secretary of State

Entity Name: CANCER ALLIANCE OF NAPLES, INC.

Current Principal Place of Business:

733 FOURTH AVENUE NORTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

733 FOURTH AVENUE NORTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 22-3879709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LAW, LESTER B
765 SEAGATE DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

DOLAN, KEVIN
535 RIDGE DR
NAPLES, FL 34108 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: KEVIN R DOLAN

07/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONTI, GERALD J
Address: 3030 HORSESHOE DRIVE SOUTH
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: DOLAN, KEVIN
Address: 8880 TAMiami TRAIL NORTH
City-St-Zip: NAPLES, FL 34108

Title: D (X) Delete
Name: LAW, LESTER B
Address: 765 SEAGATE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: PISANI, CYNTHIA
Address: 3777 TAMiami TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: KNOUSE, ANNE S
Address: 9150 SPANISH MOSS WAY #722
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SCHRYVER, LINDA
Address: 804 BENTWOOD DRIVE
City-St-Zip: NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LINDA SCHRYVER

D

07/07/2008

Electronic Signature of Signing Officer or Director

Date