FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 29, 2002 8:00 am Secretary of State DOCUMENT # **N9700003543** 1. Entity Name CANCER RESEARCH NETWORK, INC. 04-29-2002 90187 011 ****70.00 Principal Place of Business Mailing Address 111 S 17TH AVE 111 S 17TH AVE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address 350 NW 84th 84th Ave 350 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 305 3*05* City & State 4. FEI Number Applied For 31-1540728 ant Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent L. Vogel GRANADO, FRANCE BEAULI 111 S 17TH AVE HOLLYWOOD FL 33020 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Director (9/01)☐ Delete TITLE Addition ☐ Change Andrew gold, Esq. MASTERS, MARTHA MRS NAME NAME 201 S. Biscarne Blvd 13950 NW 4TH ST APT 107 STREET ADDRESS STREET ADDRESS CITY-ST-7IP PEMBROKE PINES FL 33028 CITY-ST-ZIP miami, FL 33131 TITLE Director ☐ Delete TITLE Change Addition PHILIPSON, CORNELIA MRS Ronnie Halperin, Esq. NAME NAME STREET ADDRESS 8355 S W 89TH ST STREET ADDRESS 201 S. Biscayne Blud CITY-ST-ZIP MIAMI_FL 33156 CITY-ST-ZIP <u>miami .FL 33131</u> ☐ Delete TITLE □ Change ☐ Addition vogel, m d. Charles L NAME STREET ADDRESS 600 S PINE ISLAND ROAD SUITE 104 STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TEICHER, LIONEL MR NAME STREET ADDRESS 2278 ELDORADO DRIVE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33433** CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME GREGORIAN, DR MICHAEL

12. I hereby certify that the information supplied with this filling 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 617, 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 approvered.

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS 13550 N KENDALL DRIVE SUITE 180

KENDALL FL 33186

10841 N W 7TH COURT

PLANTATION FL 33324

KAMINSKY, IRA

☐ Delete

☐ Change

☐ Addition