


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000003543

1. Entity Name
CANCER RESEARCH NETWORK, INC.



Principal Place of Business 350 NW 84TH AVE 305 PLANTATION, FL 33324 US	Mailing Address 350 NW 84TH AVE 305 PLANTATION, FL 33324 US
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DO NOT WRITE IN THIS SPACE



01262005 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1540728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOGEL, CHARLES L MD
 350 NW 84TH AVE
 STE 305
 FORT LAUDERDALE, FL 33324

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLD, ANDREW ESQ 201 S BISCAYNE BLVD., 17TH FLR MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILIPSON, CORNELIA MRS 8355 S W 89TH ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD VOGEL, M D, CHARLES L 600 S PINE ISLAND ROAD SUITE 104 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEICHER, LIONEL MR 2278 ELDORADO DRIVE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRAKE, JENNIFER 675 TROPICAL WAY PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KAMINSKY, IRA 10841 N W 7TH COURT PLANTATION, FL 33324

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 02/08/05-80013-013 61.25

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12. I hereby certify that the information supplied with this filing 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 empowered.

SIGNATURE: W. Charles Vogel 2/11/05 9544736976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #