

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2008
Secretary of State

DOCUMENT# N97000003543

Entity Name: CANCER RESEARCH NETWORK, INC.

Current Principal Place of Business:

23123 STATE RD 7
SUITE 255
BOCA RATON, FL 33428 US

New Principal Place of Business:

Current Mailing Address:

23123 STATE RD 7
SUITE 255
BOCA RATON, FL 33428 US

New Mailing Address:

FEI Number: 31-1540728 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOGEL, CHARLES L MD
23123 STATE RD 7
SUITE 255
BOCA RATON, FL 33428 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D Delete
Name: GOLD, ANDREW ESQ
Address: 201 S BISCAYNE BLVD., 17TH FLR
City-St-Zip: MIAMI, FL 33131

Title: D Delete
Name: PHILIPSON, CORNELIA MRS
Address: 8355 S W 89TH ST
City-St-Zip: MIAMI, FL 33156

Title: PMD Delete
Name: VOGEL, M D, CHARLES L
Address: 2000 SOUTH OCEAN BLVD SUITE 4B
City-St-Zip: BOCA RATON, FL 33432

Title: D Delete
Name: TEICHER, LIONEL MR
Address: 2278 ELDORADO DRIVE
City-St-Zip: BOCA RATON, FL 33433

Title: D Delete
Name: DRAKE, JENNIFER
Address: 675 TROPICAL WAY
City-St-Zip: PLANTATION, FL 33317

Title: VP Delete
Name: KAMINSKY, IRA
Address: 10841 N W 7TH COURT
City-St-Zip: PLANTATION, FL 33324

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: Change Addition
Name:
Address:
City-St-Zip:

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

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: CHARLES L. VOGEL, MD

PRES

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date