


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 90106 011 ****61.25

DOCUMENT # N97000003543

1. Entity Name
CANCER RESEARCH NETWORK, INC.



55045475

Principal Place of Business
**350 NW 84TH AVE
305
PLANTATION FL 33324
US**

Mailing Address
**350 NW 84TH AVE
305
PLANTATION FL 33324
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country

4. FEI Number **31-1540728**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete MASTERS, MARTHA MRS 13950 NW 4TH ST APT 107 PEMBROKE PINES FL 33028 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete PHILIPSON, CORNELIA MRS 8355 S W 89TH ST MIAMI FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PMD <input type="checkbox"/> Delete VOGEL, M D, CHARLES L 800 S PINE ISLAND ROAD SUITE 104 PLANTATION FL 33324 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Delete TEICHER, LIONEL MR 2278 ELDORADO DRIVE BOCA RATON FL 33433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input checked="" type="checkbox"/> Delete GREGORIAN, DR MICHAEL 13550 N KENDALL DRIVE SUITE 180 KENDALL FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP <input type="checkbox"/> Delete KAMINSKY, IRA 10841 N W 7TH COURT PLANTATION FL 33324 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GOLD, ANDREW ESQ 201 S BISCAYNE BLVD, 17TH FLE MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DRAKE, JENNIFER 6754 TROPICAL WAY PLANTATION, FL 33317 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | B <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SHARON NOVAK 258A MAYFAIR LN WESTON, FL 33327 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Charles L Vogel* **CHARLES L VOGEL** *CV* **(954) 476-0342**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (10/02)