

**2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# 732592

**Entity Name:** LIGA CONTRA EL CANCER, INC.**Current Principal Place of Business:**2180 S.W. 12 AVENUE  
MIAMI, FL 33129**Current Mailing Address:**2180 S.W. 12 AVENUE  
MIAMI, FL 33129**FEI Number:** 59-1629554**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LIGA CONTRA EL CANCER  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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:** EDGAR HERNANDEZ

12/05/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name           VILLA, LUIS MD  
Address        200 CAUSARINA CONCOURSE  
City-State-Zip: CORAL GABLES FL 33143

Title            VP  
Name           GARCIA, MARIANA  
Address        2000 S. BAYSHORE DRIVE  
                  # 57  
City-State-Zip: MIAMI FL 33133

Title            TREASURER  
Name           ALFONSO, MANUEL  
Address        8330 S.W. 11 TERRACE  
City-State-Zip: MIAMI FL 33144

Title            BOARD OF DIRECTOR  
Name           NOY, LIONEL IGNACIO DR.  
Address        11060 GIRASOL AVENUE  
City-State-Zip: CORAL GABLES FL 33156

Title            VP  
Name           CORA, ADRIANA  
Address        6051 S.W. 47TH STREET  
City-State-Zip: MIAMI FL 33155

Title            VP  
Name           BLANCH, HILDA MM  
Address        7945 S.W. 79TH TERRACE  
City-State-Zip: MIAMI FL 33143

Title            BOARD OF DIRECTOR  
Name           MAS, RAFAEL DR.  
Address        13030 SW 75 AVENUE  
City-State-Zip: MIAMI FL 33156

Title            BOARD OF DIRECTOR  
Name           BENACH, TERESA  
Address        7411 SW 88 PLACE  
City-State-Zip: MIAMI FL 33149

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** EDGAR HERNANDEZ**ADMINISTRATOR**

12/05/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	ADMINISTRATOR
Name	HERNANDEZ, EDGAR
Address	16930 SW 145TH CT
City-State-Zip:	MIAMI FL 33177