

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000008025

**FILED**  
**Jan 19, 2015**  
**Secretary of State**  
**CC1839490014**

**Entity Name:** CANCER ALLIANCE OF NAPLES, INC.

**Current Principal Place of Business:**

990 FIRST AVENUE SOUTH  
200  
NAPLES, FL 34102

**Current Mailing Address:**

990 FIRST AVENUE SOUTH  
200  
NAPLES, FL 34102

**FEI Number:** 22-3879709

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NACKLEY, JENNIFER  
1395 PANTHER LANE  
300  
NAPLES, FL 34109 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent Date

**Officer/Director Detail :**

Title T  
Name RICHARDS, JONATHAN P  
Address 1100 FIFTH AVE SOUTH  
SUITE 100  
City-State-Zip: NAPLES FL 34102

Title PRESIDENT  
Name CROSS, CHAUNDRE DR.  
Address 733 4TH AVENUE NORTH  
City-State-Zip: NAPLES FL 34102

Title VP  
Name MAKHLOUF, PAUL DR.  
Address 990 FIRST AVENUE SOUTH  
200  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name STREUNSE, BRENT  
Address 990 FIRST AVENUE SOUTH  
200  
City-State-Zip: NAPLES FL 34102

Title DIRECTOR  
Name STUPINSKI, GREGG W  
Address 990 FIRST AVENUE SOUTH  
200  
City-State-Zip: NAPLES FL 34102

Title SECRETARY  
Name BEAVERSON, DARBY  
Address 990 FIRST AVENUE SOUTH  
200  
City-State-Zip: NAPLES FL 34102

*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:** JONATHAN P. RICHARDS

**TREASURER**

**01/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date