2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: PAPANICOLAOU CORPS FOR CANCER RESEARCH, INC.

Current Principal Place of Business:

1166 W NEWPORT CENTER DRIVE, SUITE 114
DEERFIELD BEACH, FL 33442

Current Mailing Address:

1166 W NEWPORT CENTER DRIVE, SUITE 114
DEERFIELD BEACH, FL 33442 US

FEI Number: 65-0171014

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LOPEZ, ANA PAULA
1166 W NEWPORT DRIVE, SUITE 114
DEERFIELD BEACH, FL 33442 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: ANA PAULA LOPEZ 01/13/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	SECRETARY
Name	LINDA , MOSES	Name	CHRISTODOULOU, STAVROULA PHD
Address	1166 W NEWPORT CENTER DRIVE, SUITE 114	Address	1166 W NEWPORT CENTER DRIVE, SUITE 114
City-State-Zip:	DEERFIELD BEACH FL 33442	City-State-Zip:	DEERFIELD BEACH FL 33442
Title	DIRECTOR	Title	DIRECTOR
Name	JOANNE, GOLDBERG	Name	HEISLER, DOREEN PHD
Address	1166 W NEWPORT CENTER DRIVE, SUITE 114	Address	1166 W NEWPORT CENTER DRIVE, SUITE 114
City-State-Zip:	DEERFIELD BEACH FL 33442	City-State-Zip:	DEERFIELD BEACH FL 33442
Title	DIRECTOR	Title	VP
Name	BECKER, RAYNA	Name	BERKOWITZ, BEVERLY
Address	1166 W NEWPORT CENTER DRIVE, SUITE 114	Address	1166 W NEWPORT CENTER DRIVE, SUITE 114
City-State-Zip:	DEERFIELD BEACH FL 33442	City-State-Zip:	DEERFIELD BEACH FL 33442
Title	TREASURER	Title	DIRECTOR
Name	RUTH, YOUNG	Name	FLEISHER, LOIS
Address	1166 W NEWPORT CENTER DRIVE, SUITE 114	Address	1166 W NEWPORT CENTER DRIVE, SUITE 114
City-State-Zip:	DEERFIELD BEACH FL 33442	City-State-Zip:	DEERFIELD BEACH FL 33442

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: LINDA MOSES PRESIDENT 01/13/2017

Electronic Signature of Signing Officer/Director Detail — Date