

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003543

Entity Name: CANCER RESEARCH NETWORK, INC.**Current Principal Place of Business:**1192 E. NEWPORT CENTER DRIVE #200
DEERFIELD BEACH, FL 33442**Current Mailing Address:**PO BOX 670231
CORAL SPRINGS, FL 33067**FEI Number: 31-1540728****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VOGEL, CHARLES LMD
1192 E. NEWPORT CENTER DRIVE #200
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

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

Title	D
Name	FRIED, SCOTT MR.
Address	785 ALAMANDA ST
City-State-Zip:	BOCA RATON FL 33486

Title	D
Name	KAMINSKY, IRA
Address	10841 N W 7TH COURT
City-State-Zip:	PLANTATION FL 33324

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

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: VOGEL, M D , CHARLES L**PRESIDENT****04/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date