

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008025

FILED
Feb 17, 2005
Secretary of State

Entity Name: CANCER ALLIANCE OF NAPLES, INC.

Current Principal Place of Business:

733 FOURTH AVENUE NORTH
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

733 FOURTH AVENUE NORTH
NAPLES, FL 34102

New Mailing Address:

FEI Number: 22-3879709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW, LESTER B
5551 RIDGEWOOD DRIVE
SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CONTI, GERALD J
Address: 3030 HORSESHOE DRIVE SOUTH
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: FENELON, DAVID
Address: 5538 TAMiami TRAIL NORTH, STE. 302
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: LAW, LESTER B
Address: 5551 RIDGEWOOD DR., #501
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: THALHEIMER, ERIKKA A
Address: 3200 TAMiami TRAIL NORTH
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GEARALD J. CONTI

D

02/17/2005

Electronic Signature of Signing Officer or Director

Date