

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90241 009 ****61.25

DOCUMENT # N05000005145					
1. Entity Name CANCER RESEARCH INSTITUTE FOR PERSONALIZED MEDICINE, INC.					
Principal Place of Business 9745 ARBOR OAKS LANE #302 BOCA RATON, FL 33428			Mailing Address 9858 GLADES ROAD, #202 BOCA RATON, FL 33434		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 14-1931883	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RICHARD P. GREENE BUSINESS & LEGAL SUPPORT 2455 E. SUNRISE BLVD. SUITE 905 FT. LAUDERDALE, FL 33304			Name JOHN J. RAYMOND, JR., c/o Butzel Long		
			Street Address (P.O. Box Number is Not Acceptable) 1200 N. Federal Highway, Suite 420		
			Boca Raton, FL 33432		
			City		FL
			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>John J. Raymond Jr.</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				3/14/06 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> <small>Trust Fund Contribution.</small>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CANAKAKIS, NICHOLAS 3209 CLINT MOORE ROAD, SUITE 202 BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CANAKAKIS, NICHOLAS 9858 Glades Road, #202 Boca Raton, FL 33434
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TSOULOS, NICHOLAS 3209 CLINT MOORE ROAD, SUITE 202 BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TSOULOS, NICHOLAS 9858 Glades Road, #202 Boca Raton, FL 33434
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRADLEY, SAUL M II 3209 CLINT MOORE ROAD, SUITE 202 BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLONARIDES, GERARD 3209 CLINT MOORE ROAD, SUITE 202 BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGUST, THOMAS DR. 3209 CLINT MOORE ROAD, SUITE 202 BOCA RATON, FL 33496	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGUST, THOMAS DR. 9858 Glades Road, #202 Boca Raton, FL 33434
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST CASTRO, ADRIANA M. 9858 Glades Road, #202 Boca Raton, FL 33434
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>N. Canakakis</i> NICHOLAS CANAKAKIS 3/17/2006 561-702 3777					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					