

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000003543

1. Entity Name
CANCER RESEARCH NETWORK, INC.



Principal Place of Business
**350 NW 84TH AVE
305
PLANTATION, FL 33324 US**

Mailing Address
**350 NW 84TH AVE
305
PLANTATION, FL 33324 US**



01042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1540728

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**VOGEL, CHARLES L MD
350 NW 84TH AVE
STE 305
FORT LAUDERDALE, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

DATE
**1100000454342
03/15/06-80012-006 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLD, ANDREW ESQ
STREET ADDRESS	201 S BISCAYNE BLVD., 17TH FLR
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	PHILIPSON, CORNELIA MRS
STREET ADDRESS	8355 S W 89TH ST
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	PMD
NAME	VOGEL, M D, CHARLES L
STREET ADDRESS	600 S PINE ISLAND ROAD SUITE 104
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D
NAME	TEICHER, LIONEL MR
STREET ADDRESS	2278 ELDORADO DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	D
NAME	DRAKE, JENNIFER
STREET ADDRESS	675 TROPICAL WAY
CITY-ST-ZIP	PLANTATION, FL 33317
TITLE	VP
NAME	KAMINSKY, IRA
STREET ADDRESS	10841 N W 7TH COURT
CITY-ST-ZIP	PLANTATION, FL 33324

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IN THIS SPACE**

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: Charles L. Vogel, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/06

9546585682