


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90342 022 ****61.25

DOCUMENT # N99000007083					
1. Entity Name INTERNATIONAL INSTITUTE FOR INTEGRATIVE CANCER RESEARCH, INC.					
Principal Place of Business 2223 SARNO RD. MELBOURNE, FL 32935-3003			Mailing Address 2223 SARNO RD. MELBOURNE, FL 32935-3003		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KOSTRO, VICTOR Q S 1825 RIVERVIEW DR. MELBOURNE, FL 32901				Name <i>Michael Kahn, Esq.</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>728 N. Harbor City Blvd</i>	
				City <i>McLaurine</i> FL Zip Code <i>32935</i>	
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>Michael N. Kahn</i> <i>SEI ER</i> DATE <i>4-22-04</i>					
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, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARLEY, MICHAEL		NAME		
STREET ADDRESS	225 5TH AVE., STE. 6		STREET ADDRESS	<i>520 Dogwood Dr</i>	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP	<i>Satellite Beach, FL 32937</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINGANO, SALVATORE		NAME		
STREET ADDRESS	2392 N. RIVERSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHELDON, LEE N		NAME		
STREET ADDRESS	610 LOGGERHEAD ISLAND DR.		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHELDON, ELEANOR		NAME		
STREET ADDRESS	610 LOGGERHEAD ISLAND DR.		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARLEY, DIANE		NAME	<i>520 Dogwood Dr.</i>	
STREET ADDRESS	225 5TH AVE., STE. 6		STREET ADDRESS	<i>Indialantic, FL 32903</i>	
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINGANO, COOKIE		NAME		
STREET ADDRESS	2392 N. RIVERSIDE DR.		STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL 32903		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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>Michael N. Kahn</i> DATE <i>4-20-04</i> 321-259-5980					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

14014579



04072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3625143

Applied For
Not Applicable

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

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FARLEY, MICHAEL	
STREET ADDRESS	225 5TH AVE., STE. 6	
CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINGANO, SALVATORE	
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CITY-ST-ZIP	INDIALANTIC, FL 32903	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINGANO, COOKIE	
STREET ADDRESS	2392 N. RIVERSIDE DR.	
CITY-ST-ZIP	INDIALANTIC, FL 32903	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>520 Dogwood Dr</i>
CITY-ST-ZIP	<i>Satellite Beach, FL 32937</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>520 Dogwood Dr.</i>
STREET ADDRESS	<i>Indialantic, FL 32903</i>
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #