

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007083

FILED
Feb 13, 2009
Secretary of State

Entity Name: INTERNATIONAL INSTITUTE FOR INTEGRATIVE CANCER RESEARCH, INC.

Current Principal Place of Business:

2223 SARNO RD.
MELBOURNE, FL 329353003

New Principal Place of Business:

Current Mailing Address:

2223 SARNO RD.
MELBOURNE, FL 329353003

New Mailing Address:

FEI Number: 59-3625143

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAHN, MICHAEL ESQ
428 N. HARBOR CITY BLVD
MELBOURNE, FL 32935 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: FARLEY, MICHAEL
Address: 18140 HANCOCK BLUFF ROAD
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: MARTINGANO, SALVATORE
Address: 2392 N. RIVERSIDE DR.
City-St-Zip: INDIALANTIC, FL 32903

Title: D () Delete
Name: SHELDON, LEE N
Address: 3174 VILLA ESPANA TRAIL
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: SHELDON, ELEANOR
Address: 3174 VILLA ESPANA TRAIL
City-St-Zip: MELBOURNE, FL 32935

Title: D () Delete
Name: FARLEY, DIANE
Address: 18140 HANCOCK BLUFF ROAD
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: MARTINGANO, COOKIE
Address: 2392 N. RIVERSIDE DR.
City-St-Zip: INDIALANTIC, FL 32903

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:

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 exemption stated 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 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: LEE SHELDON

DR.

02/13/2009

Electronic Signature of Signing Officer or Director

Date