

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008025

Entity Name: CANCER ALLIANCE OF NAPLES, INC.**Current Principal Place of Business:**3384 WOODS EDGE CIRCLE
SUITE 102
BONITA SPRINGS, FL 34134**Current Mailing Address:**3384 WOODS EDGE CIRCLE
SUITE 102
BONITA SPRINGS, FL 34134 US**FEI Number:** 22-3879709**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOYE, LORA
3384 WOODS EDGE CIRCLE
SUITE 102
BONITA SPRINGS, FL 34134 US*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:** LORA JOYE

02/02/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HANSEN, SCOTT
Address 3384 WOODS EDGE CIRCLE
 SUITE 102
City-State-Zip: BONITA SPRINGS FL 34134

Title TREASURER
Name RODRIGUEZ, ROSA
Address 3384 WOODS EDGE CIRCLE
 SUITE 102
City-State-Zip: BONITA SPRINGS FL 34134

Title CEO
Name FELICIANO, NEFTALI
Address 3384 WOODS EDGE CIRCLE
 SUITE 102
City-State-Zip: BONITA SPRINGS FL 34134

Title VP
Name FREEDMAN, SAMAN
Address 3384 WOODS EDGE CIRCLE
 102
City-State-Zip: BONITA SPRINGS FL 34134

Title SECRETARY
Name VANOVER, ERICA
Address 3384 WOODS EDGE CIRCLE
 SUITE 102
City-State-Zip: BONITA SPRINGS FL 34134

Title DIRECTOR OF OPERATIONS
Name JOYE, LORA
Address 3384 WOODS EDGE CIRCLE
 SUITE 102
City-State-Zip: BONITA SPRINGS FL 34134

I hereby 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 all other like empowered.

SIGNATURE: LORA JOYE**DIRECTOR OF
OPERATIONS**

02/02/2022

Electronic Signature of Signing Officer/Director Detail

Date