

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008025

Entity Name: CANCER ALLIANCE NETWORK, 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:** Yes**Name and Address of Current Registered Agent:**FELICIANO, NEFTALI
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

04/05/2023

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	ADMINISTRATIVE OPERATIONS DIRECTOR
Name	SUTYAK, MICHELLE
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: NEFTALI FELICIANO

CEO

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date