SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 09 1996 8:00 am
Secretary of State

DOCUMENT # N95000004941

1. Corporation Name

The Florida Cancer Pain Initiative, Inc.

100001570161
-10/10/96--01077--008
*****61.25 *****61.25

Principal Place of Business	Mailing Address
The Florida Cancer Pain Initiative, Inc. 12902 Magnolia Drive Tampa, Florida 33612-9497	13718 Chestersall Drive Tampa, Florida 33624

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip / 24 Country	28 Zip / 29 Country

3. Date Incorporated or Qualified: Oct. 13, 1995
3a. Date of Last Report: n/a
4. FEI Number: ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Philip E. Johnson
201 N. Franklin, Ste 2300
P.O. Box 2350
Tampa, FL 33601-2350

10. Name and Address of New Registered Agent

81 Name: L. David de la Parte
82 Street Address (P.O. Box Number is Not Acceptable): One Tampa City Center
83: 201 N. Franklin, Ste 2300
84 City: Tampa
FL 85 Zip Code: 33601

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ General Counsel Sept. 27, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	
NAME	Pat Collins, RN, MSN	
STREET ADDRESS	5023 SW 71st Place	
CITY-ST-ZIP	Miami, FL 33155	
TITLE	P-Elect/D	☐
NAME	Ann Holzheimer, MS, RN	
STREET ADDRESS	3010 W. Azeele St.	
CITY-ST-ZIP	Tampa, FL 33609-3139	
TITLE	T/D	☐
NAME	Philip E. Johnson, MS, R.Ph.	
STREET ADDRESS	12902 Magnolia Drive	
CITY-ST-ZIP	Tampa, FL 33612-9497	
TITLE	D	☐
NAME	Julie Kornfeld	
STREET ADDRESS	1150 NW 14th St., Suite 207	
CITY-ST-ZIP	Miami, FL 33136	
TITLE	P/D/S	☐
NAME	Lori A. Ladd, MSN, RN	
STREET ADDRESS	12902 Magnilia Drive, Rm 3136	
CITY-ST-ZIP	Tampa, FL 33612-9497	
TITLE		☐
NAME	"SEE ATTACHMENT A"	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐	☐
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐	☐
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐	☐
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D	☐	☐
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐	☐
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

10/10/96

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 10-1-96 (813) 972-8485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

The FCPI, Inc.

Attachment "A"

D
David Mackey, MD
Mayo Clinic Jacksonville
Department of Anesthesiology
4500 San Pablo Road
Jacksonville, FL 32224

D
Douglas Nee, MS, R.Ph.
Hope Hospice
8290 College Parkway
Suite 100
Ft. Myers, FL 33919

D
Edwin J. Olsen, MD
Mt. Sinai Comprehensive
Cancer Center
4300 Alton Road, Warner 3
Miami Beach, FL 33140

D
Lori Piper, MSW
H. Lee Moffitt Cancer Center
12902 Magnolia Drive
Tampa, FL 33612-9497

D
Sandra Sunter, MS
Hospice of Florida Suncoast
300 East Bay Drive
Largo, FL 34640

D
Kathleen Vieson, Pharm.D., R.Ph.
H. Lee Moffitt Cancer Center
12902 Magnolia Drive
Tampa, FL 33612-9497