**FILE NOW: FILING FEE IS $61.25**

FILED
Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

DOCUMENT # N95000004941 (9)

1. Corporation Name

THE FLORIDA CANCER PAIN INITIATIVE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| THE FLORIDA CANCER PAIN INITIATIVE, INC.<br>12902 MAGNOLIA DRIVE<br>TAMPA FL 33612 | 13718 CHESTERSALL DRIVE<br>TAMPA FL 33624-2501 |

3. Date Incorporated or Qualified: 10/13/1995
3a. Date of Last Report: 10/09/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: APPLIED FOR 31-1482137 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

DE LA PARTE, L. DAVID
ONE TAMPA CITY CENTER, SUITE 2300
201 N. FRANKLIN STREET
TAMPA FL 33602

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COLLINS, PAT RN MSN | | 1.2 NAME | | |
| STREET ADDRESS | 5023 SW 71ST PLACE | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33155 | | 1.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HOLZHEIMER, ANN MSRN | | 2.2 NAME | | |
| STREET ADDRESS | 3010 W. AZEELE STREET | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33609 | | 2.4 CITY-ST-ZIP | | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | JOHNSON, PHILIP E MS RPH | | 3.2 NAME | | |
| STREET ADDRESS | 12902 MAGNOLIA DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33612-9497 | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KORNFELD, JULIE | | 4.2 NAME | | |
| STREET ADDRESS | 1150 NW 14TH STREET, SUITE 207 | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL 33136 | | 4.4 CITY-ST-ZIP | | |
| TITLE | PDS | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LADD, LORI A MSN RN | | 5.2 NAME | | |
| STREET ADDRESS | 12902 MAGNOLIA DRIVE, ROOM 3136 | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33612-9497 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MACKEY, DAVID MD | | 6.2 NAME | | |
| STREET ADDRESS | 4500 SAN PABLO ROAD | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | JACKSONVILLE FL 32224 | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do 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 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:** [signature] SIGNATURE REQUIRED 2-8-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0048778