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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004941 (9)**

1. Corporation Name

THE FLORIDA CANCER PAIN INITIATIVE, INC.



Principal Place of Business THE FLORIDA CANCER PAIN INITIATIVE, INC. 12902 MAGNOLIA DRIVE TAMPA FL 33612	Mailing Address 13718 CHESTERSALL DRIVE TAMPA FL 33624
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3. Date Incorporated or Qualified

10/13/1995

4. FEI Number

31-1482137

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINS, PAT RN MSN	
STREET ADDRESS	5023 SW 71ST PLACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLZHEIMER, ANN MSRN	
STREET ADDRESS	3010 W. AZEELE STREET	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, PHILIP E MS RPH	
STREET ADDRESS	12902 MAGNOLIA DRIVE	
CITY-ST-ZIP	TAMPA FL 33612-9497	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KORNFELD, JULIE	
STREET ADDRESS	1150 NW 14TH STREET, SUITE 207	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	PDS	<input type="checkbox"/> DELETE
NAME	LADD, LORI A MSN RN	
STREET ADDRESS	12902 MAGNOLIA DRIVE, ROOM 3138	
CITY-ST-ZIP	TAMPA FL 33612-9497	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACKEY, DAVID MD	
STREET ADDRESS	4500 SAN PABLO ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Collins	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Holzheimer	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Ladd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vreson, Kathy Rph	
6.3 STREET ADDRESS	12902 Magnolia Drive	
6.4 CITY-ST-ZIP	Tampa FL 33612-9497	

14. I 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: **Philip E Johnson** 2/20/98 8139793967

CR2E037 (10/97)