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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

143053 - 90024 - 41

DOCUMENT # N95000004941

1. Corporation Name
THE FLORIDA CANCER PAIN INITIATIVE, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/13/1995	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 31-1482137	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

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	P&x D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	COLLINS, PAT RN MSM		1.2 NAME	LELAND, JUNE MD	
STREET ADDRESS	5023 SW 71ST PLACE		1.3 STREET ADDRESS	453 MARMORA AVE	
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	HOLZHEIMER, ANN MSRN		2.2 NAME	EBENER, KATHY MS RN	
STREET ADDRESS	3010 W. AZEELE STREET		2.3 STREET ADDRESS	ST LUKES HOSPITAL 4201 BELFORD RD	
CITY-ST-ZIP	TAMPA FL 33609		2. 4 CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	TD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	JOHNSON, PHILIP E MS RPH		3.2 NAME	CHRISTOPHER-SMITH, KAREN RN	
STREET ADDRESS	12902 MAGNOLIA DRIVE		3.3 STREET ADDRESS	ST LUKES HOSPITAL 4201 BELFORD RD	
CITY-ST-ZIP	TAMPA FL 33612-9497		3.4. CITY-ST-ZIP	JACKSONVILLE, FL 32216	
TITLE	D	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	KORNFELD, JULIE		4. 2 NAME	NIELSEN, WINIFRED RN	
STREET ADDRESS	1150 NW 14TH STREET, SUITE 207		4.3 STREET ADDRESS	4200 NW 90TH BLVD	
CITY-ST-ZIP	MIAMI FL 33136		4.4 CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	LADD, LORI A MSN RN		5.2 NAME	LADD, LORI A MSN RN	
STREET ADDRESS	12902 MAGNOLIA DRIVE, ROOM 3136		5.3 STREET ADDRESS	300 E. BAY DR.	
CITY-ST-ZIP	TAMPA FL 33612-9497		5.4 CITY-ST-ZIP	LARGO, FL 34640	
TITLE	D	☐ DELETE	6.1 TITLE	PS	☒ Change ☐ Addition
NAME	VRESON, KATHY RPH		6.2 NAME	KATHY VIESON, PHARM D	
STREET ADDRESS	1209 MAGNOLIA DRIVE		6.3 STREET ADDRESS	3510 W. CORONA STREET	
CITY-ST-ZIP	TAMPA FL 33612-9497		6.4 CITY-ST-ZIP	TAMPA, FL 33629	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: P&S Phillip E Johnson 1-20-99 8139793967
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #