

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004941

1. Entity Name

THE FLORIDA CANCER PAIN INITIATIVE, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90101 019 ****61.25

Principal Place of Business

Mailing Address

THE FLORIDA CANCER PAIN INITIATIVE, INC.
12902 MAGNOLIA DRIVE
TAMPA FL 33612

13718 CHESTERSALL DRIVE
TAMPA FL 33624-2501

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

31-1482137

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE LA PARTE, L. DAVID
101 E. KENNEDY BLVD.
SUITE 3400
TAMPA FL 33602

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~PS~~ **D** ☐ Delete
NAME COLLINS, PAT RN MSM
STREET ADDRESS 5023 SW 71ST PLACE
CITY-ST-ZIP MIAMI FL 33155

TITLE ~~PS~~ **C** ☐ Change ☒ Addition
NAME Jennifer Strickland PharmD
STREET ADDRESS 12902 Magnolia Drive
CITY-ST-ZIP Tampa FL 33612

TITLE **D** ☐ Delete
NAME EBENER, KATHY RN
STREET ADDRESS ST. LUKES HOSPITAL, 4201 BELFORD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME JOHNSON, PHILIP E MS RPH
STREET ADDRESS 12902 MAGNOLIA DRIVE
CITY-ST-ZIP TAMPA FL 33612-9497

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME LELAND, JUNE MD
STREET ADDRESS 453 MARMORA AVENUE
CITY-ST-ZIP TAMPA FL 33608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME LADD, LORI A MSN RN
STREET ADDRESS 12902 MAGNOLIA DRIVE, ROOM 3136
CITY-ST-ZIP TAMPA FL 33612-9497

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME VRESON, KATHY RPH
STREET ADDRESS 1209 MAGNOLIA DRIVE
CITY-ST-ZIP TAMPA FL 33612-9497

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Philip E Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00

Date

813 979 3967

Daytime Phone #

CR2E037 (9/99)