

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004941

FILED
Apr 26, 2006
Secretary of State

Entity Name: THE FLORIDA CANCER PAIN INITIATIVE, INC.

Current Principal Place of Business:

3709 WEST JETTON AVE.
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

8177 BLUE QUILL TRAIL
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 31-1482137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMANT, SUSANNE F
8177 BLUE QUILL TRAIL
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: YERZISKI, ROBERT P
Address: PO BOX 100444
City-St-Zip: GAINESVILLE, FL 32610 US

Title: TRES () Delete
Name: HOMANT, SUSANNE F
Address: 8177 BLUE QUILL TRAIL
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: D () Delete
Name: DEMPSEY-WALLS, SUSAN
Address: 1400 S. ORANGE AVE
City-St-Zip: ORLANDO, FL 32806 US

Title: D () Delete
Name: HUSKEY, ANGELA
Address: 12902 MAGNOLIA DRIVE
City-St-Zip: TAMPA, FL 33612 US

Title: D () Delete
Name: SUTHERLAND, CRAIG
Address: 442 W. KENNEDY BLVD
City-St-Zip: TAMPA, FL 33606 US

Title: D () Delete
Name: STRICKLAND, JENNIFER
Address: 3262 COVE BEND DRIVE
City-St-Zip: TAMPA, FL 33613 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUSKEY, ANGELA
Address: 736 KINGSTON COURT
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: D (X) Change () Addition
Name: MCGREW, DAVID
Address: 4644 KEYSVILLE AVENUE
City-St-Zip: SPRING HILL, FL 34608 US

Title: D (X) Change () Addition
Name: STRICKLAND, JENNIFER
Address: 1154 E. HIGHLAND DRIVE
City-St-Zip: LAKELAND, FL 33813 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANNE F. HOMANT

TREA

04/26/2006

Electronic Signature of Signing Officer or Director

Date