

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004941

FILED  
Apr 28, 2007  
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: 736 KINGSTON COURT  
City-St-Zip: APOLLO BEACH, FL 33572 US

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: D (X) Change ( ) Addition  
Name: JONES, ROWE  
Address: 1109 MUNSTER ST  
City-St-Zip: ORLANDO, FL 32803 US

Title: D (X) Change ( ) Addition  
Name: LAPERRIERE, JACQUELINE A  
Address: 1400 ORANGE AVE  
City-St-Zip: ORLANDO, FL 32806 US

Title: D (X) Change ( ) Addition  
Name: SPEILLER, MARCIA  
Address: 1400 ORANGE AVE  
City-St-Zip: ORLANDO, FL 32806 US

I hereby certify that the information supplied with this filing does not qualify 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

04/28/2007

Electronic Signature of Signing Officer or Director

Date