2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2008
Secretary of State

DOCUMENT# N95000004941

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:

3709 WEST JETTON AVE.
TAMPA, FL 33629

FEI Number: 31-1482137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

OLLEN, TRISH A
3709 WEST JETTON AVE
TAMPA, FL 33629 US

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: TRISH OLLEN 05/12/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: YEZIERSKI, 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: JONES, ROWE
Address: 1109 MUNSTER ST
City-St-Zip: ORLANDO, FL 32803 US

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRES (X) Change ( ) Addition
Name: OLLEN, TRISH A
Address: 3709 WEST JETTON AVE
City-St-Zip: TAMPA, FL 33629 US

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

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: TRISH OLLEN TRES 05/12/2008
Electronic Signature of Signing Officer or Director Date