

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004941

FILED
Mar 02, 2010
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:

351 NW 50TH BLVD.
GAINESVILLE, FL 32607

Current Mailing Address:

3709 WEST JETTON AVE.
TAMPA, FL 33629

New Mailing Address:

351 NW 50TH BLVD.
GAINESVILLE, FL 32607

FEI Number: 31-1482137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DAVIS, DEBRA ARNP-BC
351 NW 50TH BLVD.
GAINESVILLE, FL 32607 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: DEBRA DAVIS

03/02/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: YEZIERSKI, ROBERT P
Address: PO BOX 100444
City-St-Zip: GAINESVILLE, FL 32610 US

Title: BOD
Name: LEON, CONNIE PHARM D
Address: 605 MONTGOMERY ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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

Title: BOD
Name: JONES, ROWE
Address: 1109 MUNSTER ST
City-St-Zip: ORLANDO, FL 32803 US

Title: BOD
Name: LAPERRIERE, JACQUELINE A
Address: 9929 NW STATE ROAD 45
City-St-Zip: HIGH SPRINGS, FL 32643 US

I hereby 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 all other like empowered.

SIGNATURE: DEBRA DAVIS

TREA

03/02/2010

Electronic Signature of Signing Officer or Director

Date