


02-27-2003 90113 040 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N95000004941

1. Entity Name
THE FLORIDA CANCER PAIN INITIATIVE, INC.



90037100

Principal Place of Business Mailing Address
THE FLORIDA CANCER PAIN INITIATIVE, INC. **13718 CHESTERSALL DRIVE**
12902 MAGNOLIA DRIVE **TAMPA FL 33624**
TAMPA FL 33612



2. Principal Place of Business 3. Mailing Address
3709 West Jetton Ave **3709 West Jetton Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number **31-1482137** Applied For
Tampa FL **Tampa FL** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional
33629 **33629** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution. Added to Fees **Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBENER, KATHY RN ST. LUKES HOSPITAL, 4201 BELFORD JACKSONVILLE FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cindy Brown <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14248 11th St. Dade City, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, PHILIP E MS-RPH 12902 MAGNOLIA DRIVE TAMPA FL 33612-9497 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Susan Dempsey <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1414 S. Orange Ave. Orlando, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LELAND, JUNE MD 453 MARMORA AVENUE TAMPA FL 33608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mary Ella Mahoney <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4124 Lake Underhill Rd. #301 Orlando, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STRICKLAND, JENNIFER 12902 MAGNOLIA DRIVE TAMPA FL 33612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D David McGrew <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4644 Keyville Ave Spring Hill, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIESON, KATHY RPH 1200 MAGNOLIA DRIVE - 320 W. Kennedy Blvd TAMPA FL 33612-9497 Suite 400 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Douglas Nee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8891 Banyon Cove Circle Ft. Myers, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael Weitzner <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Addition 12902 Magnolia Dr Tampa FL 33612	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ellyn Radson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 739 NW 23rd Street Gamesville FL 32607

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **1-8-03 813-979-3967**
SIGNATURE IS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)

Attachment

90037160

N95000004941

2002 FPI BOARD MEMBERS

September 24, 2002

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