**FILED** 

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90181 025 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

603 SEVENTH ST. S

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000045134

1. Corporation Name

Principal Place of Business 603 SEVENTH ST. S

WOMEN'S CANCER ASSOCIATES, P.A.

STE 560	C El 29701	STE 560 St. Petersburg FL 33701			DO NOT WRITE IN THIS S	SPACE		
ST. PETERSBURG FL 33701 US		US		3. Date Incorporated or Qualifed				
					07/01/1996			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Ap.	plied For	
21		26		59-3391616	No	t Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A		
22		27			3. 33. 33. 33. 34. 34. 34. 34. 34. 34. 3	Fee Re		
City & State	السيم ب	City & State			6. Election Campaign Financing	\$5.00		
23	**************************************	28			Trust Fund Contribution	Added t	o Fees	
Zip	Country	Zip	Country	<i>'</i> .	8. This corporation owes the current year Intangible			
24	25	29 3	<u>0</u>		Personal Property Tax.  10. Name and Address of New Registered A			
Name and Address of Current Registered Agent					10. Name and Address of New Registered A	gon		
JACC	DBS, RICHARD O		81					
13577 FEATHER SOUND DRIVE			82	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE:300			83					
	RWATER FL 34622		"		a more with a market and	Ç <sup>1</sup> 46 αι (13 <sup>1</sup> ).		
			84	City		85   Zip (	Code	
20 1 20 2 20 20 20 20 20 20 20 20 20 20 20 2								
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AN		13.	nt signaturo re	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	P	. DELETE	1.1 TITLE			☐ Change	Addition	
NAME	LAPOLLA, JAMES M.D.		1.2 NAME		•			
STREET ADDRESS	710 SNELL ISLE BLVD. NE			TADDRESS				
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-5					
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition	
NAME		,	2.2 NAME	ļ	,			
STREET ADDRESS			2.3 STREE	T ADDRESS	•			
CITY-ST-ZIP			2. 4 CITY-					
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition	
NAME		والمعتودين يويمنس براه	3.2 NAME	725-1	و العام عليه المنظمة المنظمة المنظمة المنظمة الم <del>نظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة المنظمة ا</del>	•		
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	<u>,                                      </u>			
TITLE		☐ DELÉTE	4.1 TITLE			Change	Addition	
NAME			4.2 NAME	[				
STREET ADDRESS	i		4.3 STREE	TADDRESS		•		
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	T ADDRESS				
CITY-ST-ZIP		·	5.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME	·		6.2 NAMÉ					
STREET ADDRESS			6.3 STREE	TADORESS				
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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