

Requestor's Name

JAMES and LESLIE LaPOLLA  
710 Snell Isle Blvd.  
St. Petersburg, FL 33704

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. P96000045134  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy  
 Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

600002966706--4  
-08/23/99-01094-002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
 99 AUG 23 PM 2:48  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*ac 8/25/rachg*

Examiner's Initials	
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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Women's Cancer Associates, P.A.

2. The mailing address of the corporation is: 603 Seventh Street South, Suite 560  
St. Petersburg, FL 33701

3. Date of incorporation/qualification: 5/28/96 Document number: P96000045134

4. The name and address of the current registered agent and office:

Richard O. Jacobs, Esq.  
13577 Feather Sound Drive, Suite 300  
Clearwater, FL 34622

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

James LaPolla, M.D.  
603 Seventh Street South, Suite 560  
St. Petersburg, FL 33701

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

James LaPolla  
(Signature of an officer, chairman or vice chairman of the board)

8/18/99  
(Date)

James LaPolla, M.D.  
(Printed or typed name and title) President

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

James LaPolla  
(Signature of Registered Agent) James LaPolla, M.D.

8/18/99  
(Date)

If signing on behalf of an entity:

James LaPolla, M.D.  
(Typed or Printed Name) President  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

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