

FILED
Mar 07, 2001 8:00 am
Secretary of State

02-13-2001 90060 004 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000045134

1. Entity Name

WOMEN'S CANCER ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

603 SEVENTH ST. S
STE 560
ST. PETERSBURG FL 33701
US

603 SEVENTH ST. S
STE 560
ST. PETERSBURG FL 33701
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3391616**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPOLLA, JAMES MD
603 7TH ST SOUTH STE 560
ST PETERSBURG FL 33701

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.

SIGNATURE

James Lapolla MD

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

2/8/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	LAPOLLA, JAMES M.D.	710 SNELL ISLE BLVD. NE	ST. PETERSBURG FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

James Lapolla MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES LAPOLLA M.D.

Date

Daytime Phone #

2/8/01 553-7902

CR2E034 (10/00)