


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000045134  
 1. Entity Name  
 WOMEN'S CANCER ASSOCIATES, P.A.



Principal Place of Business      Mailing Address  
 600 EIGHTH STREET SOUTH      600 EIGHTH STREET SOUTH  
 SAINT PETERSBURG, FL 33701 US      SAINT PETERSBURG, FL 33701 US

**DO NOT WRITE IN THIS SPACE**



03132006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 59-3391616      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LAPOLLA, JAMES MD  
 600 EIGHTH STREET SOUTH  
 ST PETERSBURG, FL 33701

**DO NOT WRITE IN THIS SPACE**

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 reappointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

000000472828  
 03/30/06-80009-014 150.00

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	LAPOLLA, JAMES M.D.
STREET ADDRESS	710 SNELL ISLE BLVD. NE
CITY-ST-ZIP	ST. PETERSBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Lapolla      3/17/06      821-9688  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #