


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000005780

1. Entity Name
FLORIDA SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS, INC.



Principal Place of Business
**1564 KINGSLEY AVNEUE
 ORANGE PARK, FL 32073**

Mailing Address
**4339 ROOSEVELT BLVD. SUITE 4-5
 JACKSONVILLE, FL 32210**



02J22006 No Chg-NP CR2E037 (11/05)

4. FEI Number
04-3722319 Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TRESCOT, ANDREA M.D.
 1564 KINGSLEY AVNEUE
 ORANGE PARK, FL 32073**

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 *[Signature]* **MAR 08 2006**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTC TRESCOT, ANDREA M.D. 1564 KINGSLEY AVNEUE ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTS, CHRIS M.D. 13520 SUTTON PARK DR. S., SUITE 204 JACKSONVILLE, FL 32224
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRAMARIAH, S. SCOTT 4339 ROOSEVELT DR JACKSONVILLE, FL 32210
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 03/23/06-80045-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 is 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 119, 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: *[Signature]* **MAR - 8 2006** **904-389-1010**
Signature and typed or printed name of signing officer or director Date Daytime Phone #