

**2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Sep 24, 2006  
Secretary of State**

DOCUMENT# F02000005780

**Entity Name:** FLORIDA SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS, INC.**Current Principal Place of Business:**1564 KINGSLEY AVNEUE  
ORANGE PARK, FL 32073**New Principal Place of Business:**205 WALNUT ST - UPPER  
NEPTUNE BEACH, FL 32266**Current Mailing Address:**4339 ROOSEVELT BLVD SUITE 4-5  
JACKSONVILLE, FL 32210**New Mailing Address:**PO BOX 330298  
ATLANTIC BEACH, FL 32233

FEI Number: 04-3722319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**TRESCOT, ANDREA M.D.  
1564 KINGSLEY AVNEUE  
ORANGE PARK, FL 32073 US**Name and Address of New Registered Agent:**DAVIS, LORRY M.ED.  
205 WALNUT ST - UPPER  
NEPTUNE BEACH, FL 32266 US

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: LORRY DAVIS

09/24/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: PTC ( ) Delete  
Name: TRESCOT, ANDREA M.D.  
Address: 1564 KINGSLEY AVNEUE  
City-St-Zip: ORANGE PARK, FL 32073Title: VD ( ) Delete  
Name: ROBERTS, CHRIS M.D.  
Address: 13520 SUTTON PARK DR. S., SUITE 204  
City-St-Zip: JACKSONVILLE, FL 32224Title: SD ( ) Delete  
Name: KRAMARIAH, S. SCOTT  
Address: 4339 ROOSEVELT DR  
City-St-Zip: JACKSONVILLE, FL 32210Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PP (X) Change ( ) Addition  
Name: TRESCOT, ANDREA M.D.  
Address: 1564 KINGSLEY AVNEUE  
City-St-Zip: ORANGE PARK, FL 32073Title: VP (X) Change ( ) Addition  
Name: CORDNER, HAROLD M.D.  
Address: 13825 US HIGHWAY 1  
City-St-Zip: SEBASTIAN, FL 32958Title: T (X) Change ( ) Addition  
Name: KRAMARICH, S. SCOTT  
Address: 4339 ROOSEVELT DR  
City-St-Zip: JACKSONVILLE, FL 32210Title: P ( ) Change (X) Addition  
Name: BROWN, LORA M.D.  
Address: 341 4TH AVE S  
City-St-Zip: ST PETERSBURG, FL 33701Title: S ( ) Change (X) Addition  
Name: TRACY, DEBORAH M.D.  
Address: 11323 CORTEZ BLVD  
City-St-Zip: BROOKSVILLE, FL 34613Title: EX D ( ) Change (X) Addition  
Name: DAVIS, LORRY M.ED.  
Address: 205 WALNUT ST - UPPER  
City-St-Zip: NEPTUNE BEACH, FL 32266

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORRY DAVIS

EX D

09/24/2006

Electronic Signature of Signing Officer or Director

Date