

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005780

FILED
Jan 15, 2007
Secretary of State

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

Current Principal Place of Business:

205 WALNUT ST - UPPER
NEPTUNE BEACH, FL 32266

New Principal Place of Business:

Current Mailing Address:

PO BOX 330298
ATLANTIC BEACH, FL 32233

New Mailing Address:

FEI Number: 04-3722319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, LORRY M.ED.
205 WALNUT ST - UPPER
NEPTUNE BEACH, FL 32266 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: TRESCOT, ANDREA M.D.
Address: 1564 KINGSLEY AVNEUE
City-St-Zip: ORANGE PARK, FL 32073

Title: VP () Delete
Name: CORDNER, HAROLD M.D.
Address: 13825 US HIGHWAY 1
City-St-Zip: SEBASTIAN, FL 32958

Title: T () Delete
Name: KRAMARICH, S. SCOTT
Address: 4339 ROOSEVELT DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: P () Delete
Name: BROWN, LORA M.D.
Address: 341 4TH AVE S
City-St-Zip: ST PETERSBURG, FL 33701

Title: S () Delete
Name: TRACY, DEBORAH M.D.
Address: 11323 CORTEZ BLVD
City-St-Zip: BROOKSVILLE, FL 34613

Title: EX D () Delete
Name: DAVIS, LORRY M.ED.
Address: 205 WALNUT ST - UPPER
City-St-Zip: NEPTUNE BEACH, FL 32266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ED (X) Change () 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 S DAVIS M.ED.

ED

01/15/2007

Electronic Signature of Signing Officer or Director

Date