

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005780

FILED  
Jan 14, 2008  
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:**

205 WALNUT ST  
NEPTUNE BEACH, FL 32266

**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:**

DAVIS, LORRY M.ED.  
205 WALNUT ST  
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: \_\_\_\_\_ 01/14/2008  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PP      ( ) Delete  
Name: TRESKOT, 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: ED      ( ) 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: VP      (X) Change ( ) Addition  
Name: SILVERMAN, SANFORD M.D.  
Address: PO BOX 330298  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: PE      (X) Change ( ) Addition  
Name: CORDNER, HAROLD M.D.  
Address: PO BOX 330298  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T      (X) Change ( ) Addition  
Name: KRAMARICH, S. SCOTT  
Address: PO BOX 330298  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: P      (X) Change ( ) Addition  
Name: BROWN, LORA M.D.  
Address: PO BOX 330298  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S      (X) Change ( ) Addition  
Name: TRACY, DEBORAH M.D.  
Address: PO BOX 330298  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: ED      (X) Change ( ) Addition  
Name: DAVIS, LORRY M.ED.  
Address: PO BOX 330298  
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify 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      ED      01/14/2008  
Electronic Signature of Signing Officer or Director      Date