

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 09, 2010
Secretary of State**

DOCUMENT# F02000005780

Entity Name: FLORIDA SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS, INC.**Current Principal Place of Business:**189 MAGNOLIA ST
ATLANTIC BEACH, FL 32233**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.
189 MAGNOLIA ST
ATLANTIC BEACH, FL 32233 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: P
Name: TRACY, DEBORAH M.D.
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233Title: PE
Name: SILVERMAN, SANFORD M.D.
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233Title: VP
Name: MIGUEL, RAFAEL M.D.
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233Title: S
Name: DALTON, HAROLD D.O.
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233Title: T
Name: DAITCH, JONATHAN M.D.
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233Title: IPP
Name: CORDNER, HAROLD M.D.
Address: PO BOX 330298
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby 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 all other like empowered.

SIGNATURE: LORRY S. DAVIS, M.ED.

ED

06/09/2010

Electronic Signature of Signing Officer or Director_____
Date