

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005780

FILED  
Jan 04, 2012  
Secretary of State

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

**Current Principal Place of Business:**

223 SNOW GOOSE LANE  
JACKSONVILLE, FL 32225

**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.  
223 SNOW GOOSE LANE  
JACKSONVILLE, FL 32225 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 32233

Title: PE  
Name: SILVERMAN, SANFORD M.D.  
Address: PO BOX 330298  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VP  
Name: MIGUEL, RAFAEL M.D.  
Address: PO BOX 330298  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: S  
Name: DALTON, HAROLD D.O.  
Address: PO BOX 330298  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: T  
Name: DAITCH, JONATHAN 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 MED

ED

01/04/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date