

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000005026

**Entity Name:** EASTERN PAIN ASSOCIATION INC**Current Principal Place of Business:**392 ALLEN STREET  
TURTLE CREEK TOWNSHIP, OH 45036**Current Mailing Address:**392 ALLEN STREET  
TURTLE CREEK TOWNSHIP, OH 45036 US**FEI Number:** 06-1022373**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BYERS-ROBSON, MICHELLE EXECUTIVE DIRECTOR  
392 ALLEN STREET  
TURTLE CREEK TOWNSHIP, FL 45036 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:** MICHELLE BYERS-ROBSON

02/11/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title IMMEDIATE PAST PRESIDENT  
Name MEHTA, NEEL MD  
Address 392 ALLEN STREET  
City-State-Zip: TURTLE CREEK TOWNSHIP OH 45036

Title PRESIDENT  
Name LASCARIDES, PETER DO  
Address 392 ALLEN STREET  
City-State-Zip: TURTLE CREEK TOWNSHIP OH 45036

Title SECRETARY  
Name WITKIN, LISA MD  
Address 8372 HEATHER SPRINGS DRIVE  
City-State-Zip: LIBERTY TOWNSHIP OH 45044

Title TREASURER  
Name KIM, BARUCH DO  
Address 8372 HEATHER SPRINGS DRIVE  
City-State-Zip: LIBERTY TOWNSHIP OH 45044

Title EXECUTIVE DIRECTOR  
Name BYERS-ROBSON, MICHELLE  
EXECUTIVE DIRECTOR  
Address 392 ALLEN STREET  
City-State-Zip: TURTLE CREEK TOWNSHIP OH 45036

*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:** MICHELLE BYERS-ROBSON

EXECUTIVE DIRECTOR

02/11/2023

Electronic Signature of Signing Officer/Director Detail

Date