

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009904

**Entity Name:** THE NEW ENGLAND PAIN SOCIETY INC.

**Current Principal Place of Business:**

6800 GULFPORT BLVD.  
SUITE 201-212  
SOUTH PASADENA, FL 33706

**Current Mailing Address:**

6800 GULFPORT BLVD.  
SUITE 201-212  
SOUTH PASADENA, FL 33706 UN

**FEI Number:** 47-3591085

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HOYLE, ROBIN L JD  
262 SEA MIST DRIVE  
TREASURE ISLAND, FL 33706 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MCGEENEY, BRIAN MD PHD  
Address 72 EAST CONCORD STREET,  
NEUROLOGY C-314  
City-State-Zip: BOSTON MA 02118

Title VP  
Name KEENE, DOUGLAS MD  
Address 85 FIRST AVENUE  
City-State-Zip: WALTHAM MA 02451

Title EXECUTIVE DIRECTOR  
Name HOYLE, ROBIN LYNN JD  
Address 262 SEA MIST DRIVE  
City-State-Zip: TREASURE ISLAND FL 33706

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:** ROBIN LYNN HOYLE

**EXECUTIVE DIRECTOR**

**04/01/2015**

Electronic Signature of Signing Officer/Director Detail

Date