

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000004036

Entity Name: FEDERATION FOR PAIN CARE ACCESS INC.

Current Principal Place of Business:

1911 BEACH AVE
ATLANTIC BEACH, FL 32223

Current Mailing Address:

392 ALLEN ST.
LEBANON, OH 45036 US

FEI Number: 92-3591731

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOYLE, ROBIN L ESQ.
3802 GULF OF MEXICO DR.
203A
LONGBOAT KEY , FL 34228 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 KLOTH, DAVID MD
Address 2 RIVERVIEW DRIVE SUITE 103
City-State-Zip: DANBURY CT 06810

Title VP
Name KIM, PHILIP S MD
Address 931 E. HAVERFORD RD. SUITE 202
City-State-Zip: BRYN MAWR PA 19010

Title S,T
Name KALIA, HEMANT MD MPH
Address 2655 RIDGEWAY AVE. SUITE 440
City-State-Zip: ROCHESTER NY 14626

Title DIRECTOR
Name STAATS, PETER
Address 1911 BEACH AVE
City-State-Zip: ATLANTIC BEACH FL 32223

Title DIRECTOR
Name ELDRIGE, JASON
Address 4500 SAN PABLO RD SOUTH
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name SOIN, AMOL
Address 7076 CORPORATE WAY
201
City-State-Zip: CENTERVILLE OH 45459

Title DIRECTOR
Name LEONG, MICHAEL
Address 2589 SAMARITAN DRIVE
City-State-Zip: SAN JOSE CA 95124

Title EXECUTIVE DIRECTOR
Name HOYLE, ROBIN
Address 3802 GULF OF MEXICO DR
203A
City-State-Zip: LONGBOAT KEY FL 34228

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 HOYLE

EXECUTIVE DIRECTOR

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date