

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005780

**FILED**  
**Jul 20, 2022**  
**Secretary of State**  
**4498929393CC**

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

**Current Principal Place of Business:**

11319 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**Current Mailing Address:**

7092 LARKSPUR LANE  
MIDDLETOWN, OH 45044 US

**FEI Number: 04-3722319**

**Certificate of Status Desired: No**

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

TRACY, DEBORAH H DR.  
11319 CORTEZ BLVD  
BROOKSVILLE, FL 34613 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: DEBORAH H TRACY**

**07/20/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR AT LARGE  
Name SILVERMAN, SANFORD M DR.  
Address 100 E SAMPLE ROAD  
200  
City-State-Zip: POMPANO BEACH FL 33064

Title PAST PRESIDENT  
Name LIPNICK, JESSE A DR.  
Address 1315 NW 21ST AVENUE  
1  
City-State-Zip: CHIEFLAND FL 32626

Title DIRECTOR AT LARGE  
Name TRACY, DEBORAH DR.  
Address 11319 CORTEZ BLVD  
City-State-Zip: BROOKSVILLE FL 34613

Title EXECUTIVE DIRECTOR  
Name BYERS, MICHELLE  
Address 7092 LARKSPUR LANE  
City-State-Zip: MIDDLETOWN OH 45044-0000

Title PRESIDENT  
Name DE LA GARZA, MIGUEL DR.  
Address 5413 GEORGE STREET  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR AT LARGE  
Name TRECOTT, ANDREA PHD  
Address 4 OCEANSIDE CIRCLE  
City-State-Zip: ST AUGUSTINE FL 32080

Title DIRECTOR AT LARGE  
Name CORDNER, HAROLD J DR.  
Address 13835 US HIGHWAY 1  
City-State-Zip: SEBASTIAN FL 32958

Title VP  
Name BHALANI, MAULIK DR.  
Address 2553 WINDGUARD CIRCLE  
City-State-Zip: WESLEY CHAPEL FL 33544

**Continues on page 2**

*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**

**EXECUTIVE DIRECTOR**

**07/20/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            PRESIDENT ELECT  
Name            PAEZ, JULIO DR.  
Address        7092 LARKSPUR LANE  
City-State-Zip: MIDDLETOWN OH 45044

Title            TREASURER  
Name            STIECHEN, DO, CARRIE  
Address        7092 LARKSPUR LANE  
City-State-Zip: MIDDLETOWN OH 45044

Title            DIRECTOR AT LARGE  
Name            DALTON, HAROLD  
Address        6000 N. FEDERAL HIGHWAY  
City-State-Zip: FORT LAUDERDALE FL 33308

Title            SECRETARY  
Name            PRZKORA, MD, PHD, RENE  
Address        7092 LARKSPUR LANE  
City-State-Zip: MIDDLETOWN OH 45044

Title            DIRECTOR AT LARGE  
Name            FERNANDEZ, VANIA  
Address        3702 WASHINGTON STREET  
                 SUITE 101  
City-State-Zip: HOLLYWOOD FL 33021

Title            DIRECTOR AT LARGE  
Name            DAITCH, JONATHAN  
Address        8255 COLLEGE PARKWAY  
                 SUITE 200  
City-State-Zip: FORT MYERS FL 33919