#### 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

City-State-Zip: GAINESVILLE FL 32606

Electronic Signature of Signing Officer/Director Detail

Date

EXECUTIVE DIRECTOR

# 2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# F0200005780

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

### **Current Principal Place of Business:**

5200 NW 43RD ST SUITE 102-321 GAINESVILLE, FL 32606

# **Current Mailing Address:**

5200 NW 43RD ST SUITE 102-321 GAINESVILLE, FL 32606 US

# FEI Number: 04-3722319

# Name and Address of Current Registered Agent:

DAVIS, LORRY M.ED. 5200 NW 43RD ST SUITE 102-321 GAINESVILLE, FL 32606 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

### **Officer/Director Detail :**

	Title	IPP	Title	PRESIDENT
	Name	SILVERMAN, SANFORD M DR.	Name	DALTON, HAROLD L DR.
	Address	5200 NW 43RD ST SUITE 102-321	Address	5200 NW 43RD ST SUITE 102-321
	City-State-Zip:	GAINESVILLE FL 32606	City-State-Zip:	GAINESVILLE FL 32606
	Title	VP	Title	PRESIDENT ELECT
	Name	LIPNICK, JESSE A DR.	Name	FLORETE, ORLANDO V MD
	Address	5200 NW 43RD ST SUITE 102-321	Address	5200 NW 43RD ST SUITE 102-321
	City-State-Zip:	GAINESVILLE FL 32606	City-State-Zip:	GAINESVILLE FL 32606
	Title	т	Title	EXECUTIVE DIRECTOR
	Name	DAITCH, JONATHAN M.D.	Name	DAVIS, LORRY S M.ED.
	Address	PO BOX 330298	Address	5200 NW 43RD ST SUITE 102-321
	City-State-Zip:	ATLANTIC BEACH FL 32233	City-State-Zip:	GAINESVILLE FL 32606
	Title	SECRETARY		
	Name	TRACY, DEBORAH DR.		
	Address	5200 NW 43RD ST SUITE 102-321		

01/23/2015

FILED Jan 23, 2015 Secretary of State CC9755134508

Certificate of Status Desired: No

Date