

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005780

FILED
Feb 15, 2021
Secretary of State
2190209967CC

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

02/15/2021

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-ROBSON, 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

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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: BYERS-ROBSON , MICHELLE

EXECUTIVE DRIECTOR

02/15/2021

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 SECRETARY
Name PRZKORA, MD, PHD, RENE
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