

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005780

FILED
Jan 22, 2014
Secretary of State
CC7425053358

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

Certificate of Status Desired: No

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

Date

Officer/Director Detail :

Title P
Name SILVERMAN, SANFORD M DR.
Address 5200 NW 43RD ST
SUITE 102-321
City-State-Zip: GAINESVILLE FL 32606

Title PE
Name DALTON, HAROLD L DR.
Address 5200 NW 43RD ST
SUITE 102-321
City-State-Zip: GAINESVILLE FL 32606

Title VP
Name LIPNICK, JESSE A DR.
Address 5200 NW 43RD ST
SUITE 102-321
City-State-Zip: GAINESVILLE FL 32606

Title S
Name MIGUEL, RAFAEL V MD
Address 5200 NW 43RD ST
SUITE 102-321
City-State-Zip: GAINESVILLE FL 32606

Title T
Name DAITCH, JONATHAN M.D.
Address PO BOX 330298
City-State-Zip: ATLANTIC BEACH FL 32233

Title EXECUTIVE DIRECTOR
Name DAVIS, LORRY S M.ED.
Address 5200 NW 43RD ST
SUITE 102-321
City-State-Zip: GAINESVILLE FL 32606

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

EXECUTIVE DIRECTOR

01/22/2014

Electronic Signature of Signing Officer/Director Detail

Date