

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005780

**FILED**  
**Jan 18, 2024**  
**Secretary of State**  
**0579092147CC**

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

**Current Principal Place of Business:**

11319 CORTEZ BLVD  
BROOKSVILLE, FL 34613

**Current Mailing Address:**

392 ALLEN STREET  
LEBANON, OH 45036 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

01/18/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR AT LARGE  
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 392 ALLEN STREET  
City-State-Zip: LEBANON OH 45036

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

Title DIRECTOR AT LARGE  
Name TRESMOTT, 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 PRESIDENT ELECT  
Name BHALANI, MAULIK DR.  
Address 2553 WINDGUARD CIRCLE  
City-State-Zip: WESLEY CHAPEL FL 33544

Title PRESIDENT  
Name PAEZ, JULIO DR.  
Address 2448 HOOKS ST  
City-State-Zip: CLERMONT FL 34711

**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**

01/18/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name PRZKORA, MD, PHD, RENE  
Address UNIVERSITY OF FLORIDA  
City-State-Zip: GAINESVILLE FL 32610

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

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

Title DIRECTOR AT LARGE  
Name STIECHEN, DO, CARRIE  
Address 392 ALLEN STREET  
City-State-Zip: LEBANON OH 45036

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

Title DIRECTOR AT LARGE  
Name ESPOSITO, MICHAEL F MD  
Address 777 37TH ST STE C-101  
City-State-Zip: VERO BEACH FL 32960