### 2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005780

Entity Name: FLORIDA SOCIETY OF INTERVENTIONAL PAIN PHYSICIANS,

INC.

Apr 25, 2017 Secretary of State CC4192642955

**FILED** 

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

11319 CORTEZ BLVD BROOKSVILLE, FL 34613

# **Current Mailing Address:**

3788 WINNING STAKES WAY MASON, OH 45040 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 04/25/2017

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title **DIRECTOR AT LARGE** Title IMMEDIATE PAST PRESIDENT Name SILVERMAN. SANFORD M DR. Name DALTON, HAROLD L DR. Address 11319 CORTEZ BLVD Address 11319 CORTEZ BLVD City-State-Zip: BROOKSVILLE FL 34613 City-State-Zip: BROOKSVILLE FL 34613

Title PRESIDENT ELECT Title PRESIDENT

Name LIPNICK, JESSE A DR. Name FLORETE, ORLANDO V MD

Address 11319 CORTEZ BLVD Address 11319 CORTEZ BLVD

City-State-Zip: BROOKSVILLE FL 34613 City-State-Zip: BROOKSVILLE FL 34613

Title T Title SECRETARY

NameDAITCH, JONATHAN M.D.NameTRACY, DEBORAH DR.Address11319 CORTEZ BLVDAddress11319 CORTEZ BLVDCity-State-Zip:BROOKSVILLE FL 34613City-State-Zip:BROOKSVILLE FL 34613

Title EXECUTIVE DIRECTOR Title VICE PRESIDENT

Name BYERS, MICHELLE Name DE LA GARZA, MIGUEL DR.

Address 3788 WINNING STAKES WAY Address 11319 CORTEZ BLVD

City-State-Zip: MASON OH 45040 City-State-Zip: BROOKSVILLE FL 34613

## 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 04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

TitleDIRECTOR AT LARGETitleDIRECTOR AT LARGENameMIGUEL, RAFAEL DR.NameTRESCOTT, ANDREA PHDAddress11319 CORTEZ BLVDAddress11319 CORTEZ BLVDCity-State-Zip:BROOKSVILLE FL 34613City-State-Zip:BROOKSVILLE FL 34613

TitleDIRECTOR AT LARGETitleDIRECTOR AT LARGENameCORDNER, HAROLD J DR.NameBHALANI, MAULIK DR.Address11319 CORTEZ BLVDAddress11319 CORTEZ BLVDCity-State-Zip:BROOKSVILLE FL 34613City-State-Zip:BROOKSVILLE FL 34613