

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005780

**FILED**  
**Jan 09, 2013**  
**Secretary of State**  
**CC3022045383**

**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 ARCOS, GEORGE J DR.  
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**

**01/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date