

2015 FOREIGN NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02000005780

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

FILED
Jun 11, 2015
Secretary of State
CC3002149880

Current Principal Place of Business:

11319 CORTEZ BLVD
BROOKSVILLE, FL 34613

Current Mailing Address:

11319 CORTEZ BLVD
BROOKSVILLE, FL 34613 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

06/11/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title IPP
Name SILVERMAN, SANFORD M DR.
Address 11319 CORTEZ BLVD
City-State-Zip: BROOKSVILLE FL 34613

Title PRESIDENT
Name DALTON, HAROLD L DR.
Address 11319 CORTEZ BLVD
City-State-Zip: BROOKSVILLE FL 34613

Title VP
Name LIPNICK, JESSE A DR.
Address 11319 CORTEZ BLVD
City-State-Zip: BROOKSVILLE FL 34613

Title PRESIDENT ELECT
Name FLORETE, ORLANDO V MD
Address 11319 CORTEZ BLVD
City-State-Zip: BROOKSVILLE FL 34613

Title T
Name DAITCH, JONATHAN M.D.
Address 11319 CORTEZ BLVD
City-State-Zip: BROOKSVILLE FL 34613

Title SECRETARY
Name TRACY, DEBORAH DR.
Address 11319 CORTEZ BLVD
City-State-Zip: BROOKSVILLE FL 34613

Title EXECUTIVE DIRECTOR
Name BYERS, MICHELLE
Address 3788 WINNING STAKES WAY
City-State-Zip: MASON OH 45040

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: DEBORAH H TRACY MD

SECRETARY

06/11/2015

Electronic Signature of Signing Officer/Director Detail

Date