2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# K95697

Entity Name: INSTITUTE OF INTERVENTIONAL PAIN MANAGEMENT, P.A.

Current Principal Place of Business:

11323 CORTEZ BLVD.
BROOKSVILLE, FL 34613

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5719
SPRING HILL, FL 34606

New Mailing Address:

P.O. BOX 5719
SPRING HILL, FL 34611

FEI Number: 59-2950096 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRACY, DEBORAH MD
10019 TWELVE OAKS CT
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TRACY, DEBORAH MD,
Address: 10019 TWELVE OAKS CT
City-St-Zip: BROOKSVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBORAH TRACY, M.D. D 01/04/2007

Electronic Signature of Signing Officer or Director Date