

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000006301

1. Entity Name
**INTERNATIONAL SOCIETY OF PELVIC NEURO
MODULATION, INC.**



Principal Place of Business
**C/O MATRIX MEETINGS INC
PO BOX 1026
ROCHESTER, MN 55903-1026**

Mailing Address
**C/O MATRIX MEETINGS INC
PO BOX 1026
ROCHESTER, MN 55903-1026**



03142005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2019600

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WESTLING, DALE G SR
331 E UNION ST
JACKSONVILLE, FL 32202**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SIEGEL, STEVEN MD 360 SHERMAN STREET STE 400 SAINT PAUL, MN 55102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HASSOUNA, MAGDY 399 BATHURST ST. 8TH ST TORONTO, ON, C m5t 259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PETTIT, PAUL 4500 SAN PABLO RD JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SPINELLI, MICHEL MD VIA VITTADINI 21 MILANO, I 20136
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/04/05-80067-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steven W. Siegel MD **Steven W. Siegel MD** 3/28/05